



### Financial Policy

Your treatment plan will include a detail of all fees. We will inform you of all foreseeable costs before treatment. Fees are payable at the time of service or by a prearranged payment plan.

We offer multiple financing options. We will make special arrangements as needed. You will be able to talk with our financial coordinator when you approve your treatment.

We will submit most benefit plan claims for you. We will work with you to obtain your full plan benefits. However, you (or a guardian) are personally responsible for your account balance.

### Insurance

As a courtesy, we will be happy to accept assignment of benefits from your insurance carrier. When patients are scheduled for large operative appointments we request a minimum down payment of 30% prior to the date of service.

If we have all of your insurance information on the day of the appointment, we will be happy to file your claim for you. You must be familiar with your insurance benefits, as we will collect from you the estimated amount insurance is not expected to pay.

You are responsible for any balance on your account after **45 days**, whether insurance has paid or not. ***If you have not paid your balance within 60 days a finance charge of 1.75% will be added to your account each month until paid.*** Should it become necessary to send an account to a collection agency, we add a service charge to the balance.

PLEASE UNDERSTAND that we file dental insurance as a ***courtesy*** to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for what benefits they pay on a claim. We can only assist you in estimating your portion of the cost of treatment; ***we do not guarantee what your insurance will do with each claim.*** Also, dental plan maximums and deductibles are the ***patient's (or guardian's) responsibility*** to keep track of, as we can only ***estimate*** the amount of benefits remaining based on information provided by your dental plan. ***Our staff is happy to assist you with your insurance questions so please ask.***

### Cancellation Policy

We greatly appreciate your efforts in honoring scheduled appointments and wish to provide all of our patients with the highest quality dental care in the most reasonable time possible. Please notify us 48 business hours prior to your scheduled appointment if you will be unable to make it.

If a patient fails or cancels appointments without 48 hours advanced notice, we will institute a broken appointment fee of \$50. ***If a patient fails or cancels 2 appointments without 48 hours notice there will be a charge of \$100.00. However, operative appointments will forfeit their deposit or be charged 1/3 of the total cost of treatment scheduled that day; unless a true emergency occurs*** (work is not considered and emergency in most cases). This fee must be settled prior to scheduling any future appointments.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_