



PLEASE TAKE THE TIME TO CAREFULLY READ THIS ENTIRE POLICY STATEMENT

To help us provide the highest quality of care in the most efficient and reasonable manner, it is necessary for us to enforce the following practice policies:

Payment of Fees

- ❑ If you do not have dental insurance, payment is due in full as you check out after each visit. We accept cash, checks, Visa and Mastercard. There will be a charge added for non-sufficient fund checks returned to us. We also sponsor a payment plan administered by Care Credit that allows you to start treatment today and spread payments over time. This payment option is subject to credit approval. If Care Credit declines your credit application, another form of payment listed above is required at check out. Please inquire at the desk if you are interested in Care Credit.

Insurance

- ❑ Your dental insurance policy is a contract between you and your insurance company. Since all policies are unique with their own benefits and limitations, you are strongly encouraged to refer to your benefit booklet for details on your policy. *If you have any questions regarding your insurance benefits, please refer to your insurance company or employer.*
- ❑ We will file primary and secondary insurance claims for our patients provided we have accurate and complete insurance information. We estimate what you will owe after your insurance benefits are applied and will charge you that amount at each visit. We will collect any deductible amount that has not been met at this appointment. If we have not received payment from your insurance company after 45 days from the date of the original filing, payment in full is expected from you.
- ❑ Please do not discuss the financial aspect of your care with the doctor. It is important that the doctor be allowed to practice dentistry and provide patient care. Please work with the office manager on any account questions or problems you have.

Missed Appointments

- ❑ Cancellations or changes to your appointment time given less than 24 hours prior to your scheduled appointment are subject to a **\$50.00** fee, which will be charged to your account. After the second failed appointment, we will be unable to book advance appointments for you. All late fees must be paid in full before another appointment will be scheduled.

By signing below, I hereby acknowledge that I have read and understand the above information and that I agree to abide by all the policies explained above, and

I hereby acknowledge that if my account is turned over to an attorney or collection agency, I will be responsible for any attorney fees, collection fees and court cost fees, and

I have read the HIPAA privacy policies of this office and I understand that I may receive a copy of these policies upon request.

Patient/Responsible Party, Signed and Sealed

Date