



FINANCIAL POLICY

We ask that the fees charged and the insurance co-payment given be paid in full at the time services are rendered. As a convenience, we accept credit cards; cash; Care Credit; and personal checks. There is a \$25 charge for returned each returned check.

DENTAL INSURANCE

We accept most dental insurance. We do not participate in dental insurance plan networks nor are we a preferred provider. Dental insurance companies set up networks to save **THEMSELVES** money and to dictate treatment; we believe you are the best person to decide which treatment is best for you. Your dental insurances will determine how much of your dental care they will cover. As a courtesy to our patients, we will bill the insurance company for you and attempt to receive the **maximum** allowable benefits under your insurance plan. However, the acceptance of insurance payments does not excuse the patient of the responsibility for payment in full for charges incurred during treatment.

In order for us to provide the courtesy of billing insurance you must:

1. PROVIDE YOUR INSURANCE ID CARD
2. PROVIDE A CURRENT PICTURE ID (DRIVERS LICENSE PREFERRED)
3. PAY POLICY DEDUCTIBLE ON THE DAY OF APPOINTMENT

For preventative procedures, we will bill your insurance provider. The patient does not have to pay this balance at the time of appointment unless the insurance does not cover the procedure.

For basic and major services, the patient is responsible for paying the balance for these services, in full, over the time period determined by this office. We will have the insurance provider send payment for these services directly to the patient.

PLEASE GIVE OUR OFFICE AT LEAST 24 HOURS NOTICE IF YOU MUST CANCEL AN APPOINTMENT TO AVOID A BROKEN APPOINTMENT FEE OF \$40.

I understand and agree to the above financial and insurance policies.

Name:

Date: