



Financial Policy

Welcome! Thank you for choosing our office to provide your dental care. We appreciate your trust and look forward to working with you. In order to prevent any misunderstanding and to better serve you, we ask that all patients read and sign our Financial Policy. If you have any questions after reviewing our policy, please ask the receptionist.

Insurance: If you have dental insurance, we will gladly file your claim for you; however, you are responsible for your account. Insurance companies do not guarantee payment based on the information that they provide us. You are ultimately responsible for knowing your benefits. Any amount that is not covered by your insurance is your financial responsibility.

Payment Options: In addition to Cash, Checks, Visa, MasterCard, Discover, and American Express we offer payment options-please see our financial coordinator for details. If payment is made with a check, and it is returned, you will be responsible for a \$35.00 returned check charge.

Payment is due at the time of service. Additionally, if you have a balance following an insurance payment from a previous visit, you will be expected to pay that amount as well.

If your account balance exceeds 30 days, you will receive a notice informing you that your account is overdue. If your account becomes delinquent, it will be turned over to a local collection agency and you will incur any collection costs and any related attorney's fees.

We request **48 hour notice** if you are canceling an appointment. **If no attempt is made a \$50.00 cancellation fee will be assessed to your account.**

Patient or Guardian Signature: _____ Date: ____/____/____

Printed Name of Patient or Guardian: _____