



Financial Policy Acknowledgment

The following information is to inform you of our financial policy. If, at any time, you have questions regarding this policy, please do not hesitate to ask any member of our business team.

We are committed to providing you with the highest quality of care. Our fees are a reflection of the quality of care we provide. We continue our commitment by offering a variety of financial options to enable you to receive the dental care you need. We accept cash, check, Visa, Mastercard, Discover and American Express. We have also partnered with a third-party company, Care Credit, to offer you the flexibility of deferred interest extended payment options. Check policy: if your check is returned for any reason, we will apply at \$25 fee to your account for the return check fee.

We will communicate all recommended treatment options and associated fees, prior to the start of treatment, including insurance estimates, to the best of our ability. Payment is expected at the time of treatment. Certain procedures will require a down payment to secure the appointment prior to scheduling. A delinquent account impedes our ability to provide you with the quality dental care that you deserve. It is our policy that the parent or guardian who accompanies a child to our office for treatment is responsible for all services rendered.

We are committed to respecting your time and ask that you make every effort to keep the appointment time reserved exclusively for you. Should you find it necessary to reschedule, please provide us the courtesy of two day's notice so we may fill that time with another patient who needs care.

For patients with dental insurance;

As a courtesy to our patients with dental insurance benefits, we will submit your claim and provide any necessary information to assist you in receiving your dental benefits. We require that any applicable deductibles and estimated portion be paid at the time services are rendered. (excluding down payments for specific services) We do accept assignment of benefits as a form of payment to help reduce your immediate out-of-pocket expense. We are participating providers with some Anthem plans and Delta Dental Premier plans.

Please contact your insurance carrier or have your insurance card ready so that we may have the most accurate information to verify your plan. Providing this information will expedite the processing of claims.

Important facts about your dental insurance

~Dental insurance is a contract between the patient and the insurance company. It is a benefit to assist you in the cost of dental care. At no time should insurance benefits compromise our office's diagnosis or dictate the course of treatment that is best for your dental health.

~It is your responsibility to understand the type of insurance you have, as well as the benefits selected by you or your employer. We will do our best to assist you with this, as well as get our best estimate for payment.

~You (not the insurance company) are responsible for the total fee of services rendered.

Patient Name (please print) _____

Patient/Parent/Guardian Signature _____ Date _____