

Financial Policy and Payment Options For Patients with Dental Insurance

PAYMENT IS DUE AT TIME OF SERVICE

WE ACCEPT CASH, CHECKS, DEBIT, & ALL MAJOR CREDIT CARDS

Please choose one of these payment options for your treatment today:

Payment in full.

- For a 10% discount**, you must pay your entire balance today. We will help you complete your insurance form so that you can file for reimbursement from your insurance company.
- We offer a variety of payment plans you may use to finance your treatment. If you are approved for a payment plan, you will owe nothing today. We will help you complete your insurance form so that you can file for reimbursement from your insurance company. **Please note:** If you wish to finance your bill, *you must be approved for financing before seeing the doctor*. Approval is based on credit history. If you are interested in financing, please see our receptionist now.

Partial payment. If you wish to use this option, you must provide insurance information to our receptionist *before seeing the doctor*.

- For most treatment, we must collect 60% of your balance today.** For most hygiene appointments, we must collect 10% of your balance. We will complete your insurance form and file with the insurance company for the balance of your account.
- You may finance the partial payment due today.** If you are approved for a payment plan, you will owe nothing today. We will complete your insurance form and file with the insurance company for the balance of your account. **Please note:** If you wish to finance your partial payment, *you must be approved for financing before seeing the doctor*. Approval is based on credit history. If you are interested in financing, please see our receptionist now.

If you choose to make partial payment today, the balance due for your treatment is **your responsibility**. Please be aware that there may be a balance on your account **even after your insurance company pays**. You will be responsible for any balance due.

Missed Appointments and Being Late: Unless the appointment is canceled **at least 24 hours in advance**, our policy is to charge **\$50.00** for a missed appointment. If you are **more than 10 minutes late** for an appointment, it is unlikely that we will be able to see you. If you are this late twice, we will have to reschedule you and charge the **\$50.00** no-show fee.

I have read the Financial Policy. I understand and agree to this Policy.

Name of Patient/Responsible Party (please print)

Signature of Patient/Responsible Party

Date