

OUR FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

All patients must complete our Information and Insurance form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, or DISCOVER.

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We do accept assignment of insurance benefits, however, we do require your portion of the bill to be paid at the time of service. We cannot bill your insurance company unless you give us your insurance information or a copy of your dental insurance card.

Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/Mastercard, Discover, or payment by cash or check at time of service has been verified.

Appointments

Our policy is to charge for missed appointments at the rate of a normal office visit, without an advanced 24 hour notice. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____ Date _____
Signature of Patient or Responsible Party