



Preventive • Restorative • Cosmetic • Dentistry

FINANCIAL POLICY

We are committed to providing you with the highest quality dental care utilizing only the best materials and technology available. In our process of doing so, we have formulated a financial policy to continue to provide you with several options to choose from, in order to meet your financial needs.

DENTAL INSURANCE:

Our office is happy to cooperate with our patients who are covered by dental insurance. However, it is your responsibility to inform us when your policy changes, so we can bill the correct insurance company. We also ask that you **“READ YOUR POLICY THOROUGHLY”** so you are fully aware of benefits provided and the limitations imposed. Please call your insurance company if you have any questions concerning your plan. In order to provide you with optimal treatment, each patient is treated according to their individual dental needs; we do not diagnose according to your insurance plans benefits. (Please check with our office to see what insurance plans we are Preferred Providers for).

All incurred charges are ultimately your responsibility, regardless of insurance coverage. Your employer and the insurance company negotiated a contract that “our office” was not involved in. We **DO NOT** control how your benefits are paid or your contractual limitations. What that means is, if you have a concern over what your insurance pays on a dental procedure due to a contractual limitation or a non-covered procedure, you will need to take the issue up with your insurance company and not our office. We will attempt to do all we can to get your insurance to pay; however, all balances not paid by your insurance company are due by you 20 days after you receive our final statement.

PAYMENT OPTIONS:

For your convenience, we accept Debit, Visa, Master Card, American Express, Discover, Care Credit, Cash & Personal check (must be imprinted with your personal information and from a local bank).

The following is available for patient balances over \$350.00 (subject to approval)

1. 3 month Payment Plan: **1/3 Down at the start of treatment.** Leave a Credit Card # for next two (2) payments to be charged on same date in two (2) consecutive months. Post dated personal checks will be accepted. (must be imprinted with your personal information and from a local bank).
2. Interest free payment plans (6 & 12 month options) thru Care Credit. Please see one of our front desk team members to discuss this option.
3. Payment options available for Invisalign patients. Please see our Invisalign Coordinator for additional information.

Patient Signature _____ Date _____