

## Financial Policy

### Self-Pay

You will be responsible for payment on or before the day dental treatment is provided.

### Commercial Dental Insurance

Insurance is gladly billed as a courtesy to our patients, when you provide us with current information and necessary forms. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. We cannot accept responsibility for collecting an insurance claim after 45 days or for negotiating a disputed claim. Insurance reimbursement is a contract between you, your employer, and the insurance carrier.

***YOU are responsible for payment of your account.***

If our office is not a contracted provider with your insurance and/or your insurance does not accept assignment of benefits, payment in full will be due on or before the day treatment is rendered. We will file your insurance for you and we will be paid directly by your insurance carrier.

Insurance coverage is ESTIMATED – your actual indemnity may be less. You the patient are responsible for all amounts not covered by your insurance carrier. Year-to-date used benefits and remaining deductible amounts are not affected until the procedure is completed and therefore are not used in this determination of benefits.

### Surgery

Your estimated co-payment and/or deductible is due on pre-surgical day.

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### PAYMENT OPTIONS

- 1.) Cash
- 2.) Check
- 3.) Credit Card (Visa, MasterCard, Discover)
- 4.) Care Credit

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***YOU ARE RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY YOUR INSURANCE.  
WE CHARGE 12% ANNUAL INTEREST ON UNPAID ACCOUNTS  
BALANCES OVER 90 DAYS WILL BE TURNED OVER TO COLLECTION SERVICES AND  
YOU WILL BE RESPONSIBLE FOR ALL COLLECTION FEES.***

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### Missed /Cancelled Appointment Fees

A 24-hour notice is required for all non-surgical appointments or a charge of \$25.00 will be applied to your account.

A 48-hour notice is required for all surgical appointments or a charge of \$125.00 will be applied to your account.

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I have read, understand and agree with the above financial policy.

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Signature

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Date