



## FINANCIAL OPTIONS

In order to provide you with the highest quality dental care, we offer our patients a variety of payment options.

By establishing a clearly defined method of payment, we hope to eliminate confusion, simplify insurance claims, and provide more thorough coverage for our patients.

So that we will both have a definite understanding, please select the payment plan that is most appropriate for you.

### 1 CASH or CHECK

### 2. MAJOR CREDIT CARDS

We accept Visa, Master Card, Discover, & American Express.

### 3. EXTENDED PAYMENT PLAN (PROFESSIONAL LENDING INST.)

Extended monthly payments based on credit approval with CareCredit or GESA Life Loans

**You are directly responsible to us for payment of treatment.** As a courtesy, we accept assignment of benefit payments from your insurance company. This will reduce your immediate out-of-pocket expenditures. We will do our utmost to help you derive the maximum benefits to which you are entitled.

The insurance estimates we give you are based on limited information obtained from your insurance company. If we need more detailed information on your benefits in order to file your claim, you will need to provide that to us.

Insurance companies calculate their payment on the contract signed with your employer, not on the doctor's fees.

This office will not file an insurance claim which falsifies dates of treatment, fees charged, treatment performed, or any other information.

We realize that emergencies can occur. Should an unforeseen situation prevent you from making a pre-arranged payment, please contact our office to avoid the possibility of a misunderstanding.

Please help us serve you and our other patients better by keeping scheduled appointments. Appointments that are missed or changed at the last minute are then unavailable to patients who need appointments.

**Failure to cancel your appointment within 24 hours may result in a \$50 fee.**

**Failure to show up to your appointment will result in a \$50 fee.**

**2 failed appointments will result in a dismissal from our office.**

Thank you for taking the time to read and understand our financial options. Please feel free to ask any questions you may have. We look forward to providing you with the highest level of professional care.

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**Patient Signature of Acknowledgement**