

## Financial Policy

We are happy to have you as our patient and look forward to offering you and your family the finest dental care available. We know that providing complete comprehensive dental services includes discussing all treatment and financial information.

Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

Payment is due at the time services are rendered. For your convenience, we accept cash, checks, Visa, Mastercard, and Discover.

Emergency clients, new to our practice, should expect to make a payment at the time of service. Once established as an active patient, we will be happy to discuss other payment options.

Insurance benefits are determined by your employer, not your dentist. Your insurance policy is a contract between you and your insurance company. Your insurance coverage and benefits are your responsibility. Insurance is not a guarantee of payment; it often does not cover all the costs involved in treatment. As a courtesy, we will be happy to file your claim for you if you present your dental insurance card and all required employer information. You will be expected to pay for services rendered if this office is unable to verify your insurance information before treatment.

Any deductible or estimated co-payment will be due at the time of treatment.

If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, remaining balance for your treatment is considered due and must be paid by you.

Appointments are reserved exclusively for you. We reserve the right to charge and collect \$75.00 for any broken appointments. Broken appointments are considered those that are missed (no show) or cancelled with less than 24 hours advance notice.

Payment plans and financial arrangements are available for comprehensive dental treatment. Please speak to us and make arrangements prior to commencing treatment.

I have read and understand this financial policy.

---

Printed Name

---

Signature

---

Date