

Dr. William Glover, III, D.M.D, LLC

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Off: (407)522-5595 Fax: (407)522-5598

Financial Policy

All patients are expected to *pay in full* the day that services are rendered and can pay by cash, check or major credit card. We do offer payments plans through **Capital One** and **Care Credit**, with low interest rates.

For those patients who are covered by private insurance, we will gladly submit your paid claim to your insurance co. for reimbursement back to you.

Please be aware that each insurance company uses varying and different standards to determine what they consider to be reasonable and customary charges for services rendered by a dentist. Our fee's may or may not be higher than what your insurance company considers to be reasonable and customary.

For crowns, bridges, partials and dentures, full payment is due the day the final impressions are taken and before being sent to the lab for final processing.

Any procedures that require lab expenses are non refundable. For example: crowns, bridges, partials, dentures, veneers, implants, etc.

Our return check policy is as follows: If a check is return for any reason you will be charged a **return check fee of \$25.00**. This amount plus the amount of the check is due immediately upon notification. Only cash, credit card or money order will be accepted. We will not be able to resubmit / redeposit the same check to the bank.

We reserve the right to place an account with a collection agency for any balances that remain unpaid after 30 days.

My signature below acknowledges that I have read and understand the financial polices.

Signature of Patient or Parent / Guardian

Date