Office Financial and Insurance Policy

Our fees are meant to be fair and reasonable. We strive to keep them that way. You assist that effort when you pay for our services at the end of each visit. As you are aware, new patients and those requiring emergency care (with out insurance) are expected to make full payments at the time of their appointments.

Our staff can tell you the ***approximate fees for treatment*** before your appointment. To make payments convenient for you we accept ***Cash, Personal and Business Checks, Visa, Mastercard, American Express, Discover, and Care Credit.***

We cooperate fully with all our patients who are covered by insurance plans. We are a participating office in a limited number of insurance plans with assignment. Please check with our Staff before treatment to determine if yours is one of the plans. We expect covered patients to read their policy carefully, to become familiar with its benefits and limitations, and to bring a copy of the policy brochure to our office.

**It is important that you understand that in most cases your insurance is designed to reduce your cost, NOT to eliminate it completely. You are ultimately responsible for the full amount of your bill regardless of your insurance coverage.

Established patients having insurance are expected to pay their deductible and co-payment percentages at the time of service. Any difference will be billed after the insurance payment ha been received.

Any insurance payment no received after forty-five (45) days of filing becomes the responsibility of the patient. Payment is expected with in ten (10) days of notification.

If an account is outstanding for more than sixty (60) days, a monthly service charge of 1-1/2% (18% per year) will be added to the balance. If the account is not cleared with in the time specified, the account will be turned over to our collection service and a 15% collection fee will be added.

Any checks returned to our office are subject to an additional fee of $25.00. Immediate remittiance in the form of cash, money order, or certified funds is expected.

There will also be a Failed Appointment charge of $60.00 applied to your account for missed appointments you fail to cancel with us with in 24 hours*

If you have any questions about this policy or your account at any time, please do not hesitate to contact a member of our Staff for assistance.

I have read the above policy and agree to accept all financial responsibility for:

____________________________ (Patients Name)

____________________________ (Date)

____________________________ (Signature)

____________________________ (Relationship to Patient)

I { }Do
I { }Don't

I authorize the release of any information
Necessary to process my dental claim.

____________________________ (Signature)