

Richard E. Silva, DDS

774 Delnero Dr., Suite D | SONORA CA, 95370 | (209) 532-4401

Written Financial Policy

Thank you for choosing Richard E. Silva, DDS. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Debit cards, Travelers Checks, Mastercard, American Express or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash, check or credit card prior to completion of care.

- **NO INTEREST¹ Payment Plans²** from CareCredit 3, 6, 12, 18 or 24 months available

- o Allow you to pay over time with NO INTEREST¹
- o Convenient, low monthly payment plans² also available
- o No annual fees or pre-payment penalties

Please note:

Dr. Richard E. Silva, requires **payment prior to the completion of your treatment**. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

We accept extended payments in four monthly equal payments. For plans requiring multiple appointments, alternative payment arrangements may be provided, just ask us. We can help you find the right payment plan for your budget. For larger, more comprehensive treatment plans of \$500 or more, a 1/3 deposit is required to secure your initial treatment appointment.

We also offer in-house financing. Our billing company, First Pacific Corporation, charges Finance interest on all past due accounts over 60 days unless payment arrangements are made with them directly.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.³

A fee of \$50 is charged for patients who miss or cancel more than 2 times in a calendar year without 48-hour notice.

Richard E. Silva, DDS charges **\$50 for returned checks**.

If you have any questions, please do not hesitate to ask the front office staff. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.