



FINANCIAL POLICY

- This statement is to inform you of our financial policy. Financial arrangements are both necessary and beneficial to maintaining a sound professional relationship. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.
- **All charges you incur are your responsibility regardless of your insurance coverage. If payment from your insurance company is not received within 60 days from date of service, a statement will be sent to you for the remaining balance owed.** As a courtesy to you we will help you process all your insurance claims.
- Payment is due at the time service is provided. Our office accepts cash, personal checks, MasterCard, Visa, and Discover. We offer payment plans through Care Credit. We offer a 5% discount for payment in full by cash or check for SELF PAY patients and a Senior discount of 10% for age 65 and over. Returned checks and balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually).
- Our office does require a 48hrs notice for all canceled or rescheduled appointments. Missed appointments, late canceled or rescheduled appointments are subject to a \$50 fee. We understand that your time is valuable and the time we have set aside for your appointment is important as well.

We are committed to providing you with the most positive experience in dental care. Please ask if you have any questions regarding our financial policy.

Print Name

Signature

Date