

## Payment Policy Acknowledgement

We are committed to providing you with the best possible dental care. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policies.

### Fees

- In an effort to keep fees down while maintaining the highest level of professional care, we have established the following financial policy:
- If full payment is made at the onset of treatment, we will offer a 5% savings on uninsured treatment.
- To fit your individual needs for extensive treatments, we are pleased to offer instant approval with no interest through CareCredit to assist those who require payment plans.
- For your convenience, we accept payment by Visa, MasterCard, Discover, and American Express.

### Insurance

Payment of your deductible and the estimated portion your insurance does not cover are expected at the time of treatment. We provide insurance billing as a service to you. However, if there is no payment from your insurance company in our office within 45 days, you are responsible for the balance in full at that time. Any balances unpaid after 60 days will be subject to an interest rate of 18% APY. Your insurance policy is a contract between you and that insurance company. We are not able to negotiate with your insurance company on your behalf. Balances over 90 days will be subject to collections.

### Usual and Customary Rates:

We charge what is usual and customary for our area. Please be aware that some of the services we provide may not be covered services by your dental plan. You are responsible for payment regardless of your insurance company's exclusions and fee schedules.

### Missed Appointments:

When you schedule an appointment we reserve that time especially for you. If you are late or do not arrive, we cannot provide your needed treatment. The staff does not have a person to serve, therefore we reserve the right to charge for appointments cancelled or missed without 2 business days notice. Missed appointment fee is \$25 per each occurrence. Multiple missed appointments or short notice cancellations will result in an end of our ability to successfully provide you with ongoing dental care.

### Minor Patients:

If a minor is not accompanied by their parents/guardian, arrangements for payment need to be made prior to the appointment. Whoever brings the minor to their appointment is responsible for all co-pays or payments due at the time of treatment.

I have read the Payment Policy and understand that as a patient, or legal guardian of a minor patient, I agree to pay for all the services rendered in accordance with the terms and conditions set forth in the financial policy of this office as stated above.

**Patient or Responsible Party** \_\_\_\_\_ **Date** \_\_\_\_\_