

Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

All patients must complete our Patient Information and Insurance form before seeing the Doctor.

- Full payment is due at time of service unless prior arrangements have been made.
- We accept cash, checks or credit cards.
- We offer extended payment plans through a lending institution (Care Credit).

To our patients with Dental Insurance:

Please read the following regarding insurance reimbursement. This office is happy to cooperate with families who are covered by dental insurance. We ask only that YOU read YOUR policy to be sure that you are fully aware of any limitations of benefits provided. Please note that:

Dental insurance is designed to reduce the cost of care, but not eliminate it entirely.

We will gladly complete forms pertaining to your claim and accept direct insurance payments from most major dental insurance carriers. We ask that you remember this: We have no control over what will be covered or the length of time the insurance company takes to process the claim. Since your dental insurance is a contract between you and your insurance company, the ultimate responsibility rests with you for any dental charges incurred. If your insurance company has not paid your account in full within 45 days, full payment of the balance will be your responsibility. Your co-payments (that portion not paid under your insurance plan) and deductible are due prior to/or at the time of treatment. Please feel free to discuss your dental insurance coverage with us.

Adult patients:

Adult patients are responsible for full payment at time of service. Patients with insurance will have their claims submitted directly to their insurance providers. Any remaining balance should be paid in full once insurance is received, or within 45 days of the date of service.

Minor Patients:

Adults accompanying minor patients and parents (or guardians) are responsible for the full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, major credit card, or payment by cash or check has been verified at the time of treatment.

Missed appointments:

We respect your time and ask that you reciprocate. When we schedule an appointment for your treatment we are reserving that time especially for you, rendering that time unavailable for any other patient. Please have the courtesy to inform us in advance if you are unable to keep your specific appointment time. Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$55.00 per visit. Please help us serve you better by keeping scheduled appointments and arriving on time.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.