

Dental Treatment and Financial Policy

Thank you for choosing our office to treat your dental needs. We believe that you deserve the best care possible and realize that your teeth are very important to you. As part of improving your smile, we present the best dental solution to treat your conditions. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things to understand . . .

Your dental benefits are based on a contract between your employer and an insurance carrier. If you have dental insurance, we will file your claim as a courtesy service to you. **Dental insurance helps to share the expense of your dental care. Dental benefits never pay for the completion of your dental care.** If you have any questions regarding your benefits, please contact your employer or the insurance company directly.

Our practice only uses tooth-colored materials to fill teeth. Some insurance companies do not cover the costs of these materials in-full; therefore, you may experience some additional costs. We are sorry about any inconveniences that this may cause you.

Treatment payments are expected at the time services are rendered. We understand that every patient's financial situations are different. Consequently, we have tried to provide several payment options to permit you as much flexibility as possible to obtain the dental services you need and desire. To maintain our practice operation and prevent any misunderstandings, we ask our patients to accept and follow one of these financial options:

1. Cash or Personal Check: We gladly accept cash or checks as payment for treatment at the time of service. 5% reduction in fees if payment is made in full prior to your treatment appointment. There is a \$25 fee for returned checks.
2. Major Service Plan: We offer a two-payment option for Crown, Bridge, and Root Canal services. We require that one-half of your payment be made at the first treatment appointment and the second half at the seat appointment. With Partial or Full Dentures, this option can be used to divide the fee into three payments.
3. Credit/Debit Cards: We accept most credit or debit cards as payment for treatment at the time of service. We will also allow you to make three equal installments by credit card, with a signed agreement form. Our office staff will charge these payments to your credit card on the due dates.
4. Extended Payment Plan: By arrangement with and approval by an outside financial services company, we offer our patients short-term interest-free or long-term with interest options to fit into your budget. We will gladly review the details of this exciting program with you. Please ask for an application.

Broken Appointments: To maintain excellent oral health and prevent future problems, it is very important for you to keep your appointments. Your dental treatment time has been reserved especially for you. If you need to change your appointment time, please contact our office at least 24 hours prior to your appointment. After the second failed appointment, your account will be charged \$40.

Patient Accounts: While our policy is for payment at the time of service, some patients may have open accounts due to insurance claims. If your account balance is older than 30 days, the account is past due, and we reserve the right to charge a 1% interest fee on your account. Ultimately, you are responsible for your dental bill, whether or not you have dental insurance. If your account is referred to a third-party agency, all legal costs are your responsibility. As a part of that cost the undersigned party will pay all costs of collections including collections fees, attorney fees and all court costs for said collection.

We will gladly answer your questions or help you in any way we can throughout your dental treatment. If there is anything we can do to make your dental visits more pleasant, please don't hesitate to tell us. We appreciate the opportunity to serve you.

Printed Name: _____ Signature: _____ Date: _____