

FINANCIAL OPTIONS

*Our commitment is to provide quality, comfortable dental care
& exceptional service for the entire family.*

METHODS OF PAYMENT

- Cash, Check or Credit Card (Visa & MasterCard)

For payment **in full of total fee at time of service** the following courtesy fee reductions are available:

Credit Card	3%
Cash/Check	5%
Senior Citizens	7%

- Dental Insurance (described below)

DENTAL INSURANCE

- We are pleased you have dental insurance, and our knowledgeable claims staff will make every attempt to help you receive the maximum benefits specified in your contract. Please remember that the insurance contract is between you, your employer and the insurance company. Dental insurance plans vary greatly and the amount of reimbursement is directly correlated to the type of plan your employer has purchased.
- As a courtesy to you, our office will gladly submit your insurance claims for services rendered. **We ask that you pay any applicable co-pay or deductible at the time of service.** Our staff can provide you with your **estimated** balance.
- Please be aware that *not all* services (necessary or cosmetic) are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover. **Any costs not covered by your insurance will be your responsibility.**

RELATED INFORMATION

- A \$25 fee will be assessed on all returned checks.
- Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1% per month, or 12% annually. These additional fees will be applied to the unpaid balance at the end of the month.
- In the event that the account is not paid and we refer the account to collection, you will be responsible for all fees incurred for collection of your bill (i.e. attorney fees, court costs, and collection agency fees).
- Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. **48 hours notice is required to avoid a cancellation charge of \$25.**

I have read and understood the above information. I understand I am responsible (regardless of insurance) for any charges incurred from services rendered for myself and any family members on my account.

NAME (Please Print) _____

SIGNATURE _____ **DATE** _____