

### **FINANCIAL POLICY 2008**

As a dental profession, we do our best to give you superior quality care and at the same time keep all costs down. Therefore, we would like to share with you our financial policy. If you do not have dental insurance the following options are available to you:

- (1) You may pay in full by cash, check, Visa or MasterCard, Care Credit at date of service.
- (2) You may apply for our Care Credit Dental program which upon qualification offers interest free payments for 3 or 6 months pending minimum balances.

Credit and collection policies are a necessary part of assuring the financial resources needed to maintain the highest quality care for all of our patients.

If unusual circumstances should make it impossible for you to keep our credit terms, we invite you to call us and personally discuss the matter with us. This will avoid misunderstandings and enable you to keep your account in good standing. Our primary concern is your dental needs, and payment for services is secondary.

### **FOR OUR INSURANCE PATIENTS**

1. We would like to help you in every way we can to encourage prompt payment from your insurance company. Our fee is \$152.00 for a full Comprehensive Exam and \$123.00 for a Limited Exam and \$161.00 for a Full Mouth Series (if needed). Our office will then submit to your insurance company. The patient will then be billed for any remaining balance. After 30 days finance charges may be posted to any outstanding balance.
2. Generally, for all other treatment, a dental pre-estimate would be sent to your insurance company prior to starting treatment. After we receive the dental pre-estimate back from your insurance carrier, you will be notified as to your approximate portion, which will be due at the time services are rendered. When we receive payment from your insurance carrier, it will be applied to your account and you will be notified of any remaining balance to be remitted upon receipt of the statement. If a problem with insurance payment arises, the patient is responsible to the doctor for payment in full. Our professional services are rendered to you and not the insurance company.
3. If a patient requests that treatment be performed **before** the dental pre-determination has been processed by the insurance company, then the patient is responsible for payment in full via check, MasterCard, Visa on the date of service.
4. For patients using their reimbursement account, to pay for services rendered, payment is expected in full the day services are performed. We will provide you with all necessary paperwork for your reimbursement process.

### **POLICY REGARDING BROKEN APPOINTMENT AND FEES**

1. Any patient that fails to show up for an appointment without giving this office 48 business hours notice (excluding Wednesday, Saturday and Sunday) may be charged fifty-five dollars (\$55.00) per hour (non-surgical) for the time reserved. There will be a charge of two hundred and fifty dollars (\$250) for a broken surgery appointment.
2. There will be a fifty percent (50%) deposit required at the time of impressions made for occlusal guards.
3. There will be a charge of thirty-five (\$35.00) for any returned check.
4. All quoted fees will be honored for three months from the date of quote.

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PATIENT SIGNATURE

\_\_\_\_\_  
DATE