

Financial Policy

1. Payment is due at the time of service. An estimate of your total fee will be outlined in detail with you at the time of your initial visit.
2. On treatment involving laboratory fees (crowns/bridges, dentures) you may choose to pay 50% on the preparation date and the balance on the delivery date.
3. **Patients with insurance:** As a courtesy, our office will file your insurance if you provide us with the proper information. You are expected to pay your deductible and any co-pay portions at the time services are rendered. We will accept benefits for the remaining balance. In the event your insurance overpays, we will refund you promptly. If your insurance company does not pay payment within 60 days, you will be notified. If payments are not received within 90 days, you are immediately responsible for the remaining balance.
4. **Missed appointment fee:** We would appreciate your consideration in giving us at least a 24-hour notice should you need to reschedule. If you do not show up to an appointment that you made, or cancel with less than 24-hours notice, a fee of \$25,00 will be billed to you. This fee must be paid at your next appointment.
5. **Discount:** For comprehensive treatment plans in the excess of \$700.00, a cash discount is available if the entire fee is paid at the beginning of treatment.
6. **Returned Checks:** There is a fee of \$25.00 for any check returned by the bank.

For your convenience, we accept cash, personal checks, Visa, MasterCard, American Express and Care Credit.

I have read and agree to the above Financial Policy.

Name of Patient

Signature of Patient

Date