



Our Financial Policy

Thank you for choosing us as your dental health care provider. We are committed to you as part of our dental family, and we strive to make the care that you require financially feasible for you. The following is a statement of our financial policy, which we require you to agree to and sign prior to any treatment.

Our Payments Options

1. 5% off for cash payments up front
2. We also accept Check, Visa, MasterCard and Discover
3. No interest patient financing with prior credit approval through Care Credit

Insurance

We accept assignment of most dental insurance plans. We will file your insurance for you, but your estimated amount is due at time of service. We cannot bill your insurance company unless you bring in all insurance information. Your insurance policy is a contract between you and your insurance company. Please be aware that some treatment may not be covered under your personal insurance plan. Regardless of the insurance company's determination to pay or not, you are ultimately responsible for the balance due.

Missed Appointments

We strive to provide you with excellent care, part of that is scheduling time for you, and you alone. Please help us serve you better by keeping scheduled appointments as the time is reserved especially for you. Unless canceled 48 hours in advance, our policy is to charge for missed appointments at the rate of a normal visit.

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

I have read, understand and have agreed to the above Financial Policy

Patient or Responsible Party _____ Date: _____

Co-Responsible Party _____ Date: _____