

FINANCIAL POLICY

We are committed to providing you with the best possible dental care, and we are pleased to discuss professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions.

- All Patients must complete our “Patient Information Form” before seeing the doctor.
- For all emergency (same day) appointments, payment is due in full on the day of service.
- We accept cash, local checks with a bank guarantee card, Visa, MasterCard, Discover and American Express.
- For your future appointments, payments are due in advance of your treatment to reserve the doctor’s time.
- For patients with insurance, we will help you receive the maximum benefits. We will assist in submitting insurance claims and payments will be directly sent to the patient.
- For minor patients, his/her parent(s) or guardian(s) is responsible for any account balance.
- If for any reason you must cancel or reschedule an appointment, you **MUST** notify the office two days (48 HRS) in advance. **Failure to do so will result in charges for the time you reserved. These charges will be 25% (minimum \$50) of the procedure amount agreed upon.**

Insurance is a contract between you and your insurance company. We file insurance claims as a courtesy to our parents. We will NOT become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, pre-authorizations, etc., other than to supply factual information as necessary. YOU are responsible for the timely payment of your account.

I have read, understand and agree with the above Financial Policy.

Printed Name

Date

Signature of Responsible Party

Date