



Financial Options

Our commitment is to provide quality dental care to the entire family through exceptional service and utilization of advanced technology.

Methods of Payment

1. Cash, Check or Credit Card (MasterCard, Visa)
2. Dental Insurance (described below)
3. Financing – Care Credit, Compassionate Finance

Dental Insurance

1. We are pleased you have dental insurance, and our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company. We will need you to bring us a copy of your benefit booklet if you would like help interpreting your benefits.
2. As a courtesy to you, we will file your insurance and accept assignment of benefits if you have signed the insurance payment authorization form. **We ask that your estimated co-payment and deductible be paid at the time of service.**
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover. We can not be liable for any misinformation given to us by your insurance company. Ultimately, any services not covered or reimbursed by your insurance company will become your responsibility for payment.

Related Information

1. Returned checks and Balances older than 60 days may be subject to additional collection fees and interest charges of **1.5%** per month, or **18%** annually. These additional fees will be applied to the unpaid balance at the end of the month.
2. In the event that the account is not paid and we refer the account to collection, you will be responsible for all the fees incurred for collection of your bill (i.e., attorney fees, court costs, and collection agency fees).
3. Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. 48 hours notice is needed to avoid a \$50.00 charge.

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

Name: (please print) _____

Signature _____ Date _____