



Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care so that you may attain optimum oral health. The following is a statement of our financial policy, which we require that you read, agree to, and sign before any treatment. Payment is due at the time service is provided. Our office accepts cash, personal checks, credit cards and outside patient financing (Care Credit). One of our team members will gladly assist you with Care Credit upon request.

Please Note: Returned checks will be subject to additional fees. If it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges up to 35%.

### **Do You Have Insurance?**

- As your dental care provider, we must emphasize that our relationship is with you, our patient, not your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company.
- As a courtesy to you, we will help you process all your insurance claims. Please understand that we will provide an insurance estimate to you, however, it is not guaranteed that your insurance will pay exactly as estimated. Your insurance company and your plan benefits will determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible. **If your insurance company has not paid within 60 days, we will ask that you contact your insurance company to ensure payment is expected.** If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- We ask that you sign this form and/or any other necessary documents that your insurance company may require. This form instructs your insurance company to make payment directly to our office.
- We ask that you pay the deductible and co-payment, which is the estimated amount not covered by your insurance company, by cash, check, credit card or Patient Financing when we provide the service.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over any claim.

**Appointments canceled without a 48-hour notice are charged \$50.00 for the dental hygienist and \$100.00 for the doctor.**

We thank you for the opportunity to serve your dental healthcare needs and welcome any questions you may have concerning your care or our financial policy.