

Financial Policy

Office Philosophy

Our office remains dedicated to providing optimal care for every patient and will work with you to achieve that goal. We pride ourselves on helping you in any way and in continuing to provide the quality of care to which you have become accustomed.

Fees and Payment

We make every effort to help keep down the cost of your dental care. You can help by paying for treatment co-payments at the time of your visit. If your treatment requires several visits, you will be given an estimate and can make financial arrangements with a member of your office staff. We offer Care Credit no interest financing and accept credit and debit cards for your convenience.

Insurance

Please have all insurance cards and information with you at the time of service. It is your responsibility to notify our office of any change to your coverage. We request payment of your deductible and co-payment at the time of service. As a courtesy, our office will submit your claims to your insurance company. Services are provided to you and not your insurance company. You are always responsible for the total fee regardless of insurance coverage. Claims not paid by your insurance company after 60 days from submission will be forwarded to you for payment. Dental insurance is intended to cover some but not all of the cost of your dental care. Some services are typically not covered by insurance companies are cosmetic dentistry, implants, posterior composites (white fillings), porcelain veneers and bleaching. Although these are important dental services that can greatly enhance the quality of life for patients, some dental insurance companies do not feel they should have to pay for these services. That is why these services are rarely included in contracts with your employers. We will submit a pretreatment estimate for you to determine coverage for these important services. It is our goal to assure that you receive the highest quality of care and the benefits to which you are entitled.

Billing

No monthly bills will be sent unless your balance is outstanding over 30 days. Monthly bills will then be provided at a service charge of 1.5% per month (18% annual percentage rate) applied to all accounts over 60 days, regardless of the insurance involvement. We accept Care Credit, MC, Visa, American Express and cash as forms of payment.

Returned Checks Will Be Charged a \$25.00 Handling Fee

Missed Appointments

No charge will be made for rescheduling an appointment provided 24 hours notice is given. Otherwise, a minimum charge of \$25.00 per half hour missed will be incurred. Once an appointment has been made by you, please remember this time has been reserved specifically for you. Please have the courtesy to call if you cannot make your scheduled time. We understand that circumstances and emergencies do occur that can prevent you from honoring your appointment, but please call to let us know so we can schedule that time for another patient who needs that time.

If there are any questions, please feel free to ask so that we can help you understand our policies which were created for your benefit. Thanks for your cooperation!

Best of dental health!

Signature: _____ Date: _____