

Insurance & Financial Policy

Thank you for coming to our office. The purpose of the following information is to provide you with our policy on patient care and office procedures.

APPOINTMENTS...PLEASE...

1. Be on time for your appointments.
2. Notify us 48 hours in advance for any change in appointments. Failure to do so may result in a missed appointment fee.

FINANCIAL ARRANGEMENTS...

1. The doctor does not make financial arrangements.
2. Payment can be made in the form of cash, check, VISA, MASTERCARD, AMERICAN EXPRESS and DISCOVER. A fee of \$25.00 will be charged for returned checks.
3. For any payment in full (insurance or no insurance) over \$500.00, there will be a 5% discount if paid by check or cash when treatment begins.
4. If extensive dental work is required, we offer CareCredit Monthly Payment Plan subject to credit approval. Allows you to pay over time with NO INTEREST! If paid within the promotional period. Convenient, low monthly payment plans also available. Unlike other credit cards there are no annual fees or prepayment penalties. Processing your application will only take a few minutes.
5. We will gladly accept assignment of dental insurance, providing you make your co-payment at the time of each visit. Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company directly. We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is ONLY AN ESTIMATE. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you the exact out of pocket figures you may require.

Are you prepared to pay for today's visit? Yes No

Please indicate below the form of payment you wish to choose to settle your account:

Cash or Check Credit card CareCredit (please request an application)

I have read, understand, and agree to the above information.

X

Signature of Patient (or Parent/Guardian, if minor)

Date