

# Payment Policy Acknowledgment

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible dental care and to your treatment being successful. If you have dental insurance, we are happy to assist you in receiving your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. For the convenience of our patients, we offer the following methods of payment of fees:

- A. Payment is required in full at the time service is rendered. We accept cash, check, bank debit card (Visa & MasterCard logo), credit card (Visa & MasterCard) and Care Credit financing. A 5% courtesy discount is offered on fees over \$500.00, if paid by cash or check at the initial appointment.
- B. For insurance patients, we will accept payment directly from the insurance company for the estimated percentage your insurance company will cover. This estimate is determined by using the most current information provided to us by your insurance company. We gladly accept insurance assignments, but require the deductible and non-covered fees be paid at each visit. In the unlikely event of duplicate payment, you will be reimbursed.
- C. We are pleased to offer financing through Care Credit for fees over \$300.00. Upon approved credit, Care Credit offers several financing options including 3, 6 and 12 month no payment/no interest terms as well as extended financing. Please ask us for details – we will be happy to answer your questions and assist you in the application process.
- D. Major services: Appliances, crowns, bridges, etc. Payment in full up front with 5% discount courtesy for fees over \$500 paid by cash or check, payment of ½ at the initial appointment and ½ upon completion or three equal payments per visit.
- E. Basic services: Hygiene appointments, fillings, periodontal treatment, extractions, etc. Payment in full up front with 5% discount courtesy for fees over \$500 paid by cash or check.
- F. Our patients are very important to us and we set aside appointment times just for you. If you are unable to make your appointment, please notify the office and we will assist you with rescheduling. The office policy is to charge a missed appointment fee of \$35.00 for no show appointments and for those cancelled without 24 hour advance notice.

Please be aware that any parent/guardian bringing in a minor child to our office is legally responsible for payment of all services rendered. For unaccompanied minors, non-emergency treatment cannot be given unless the treatment and charges have been pre-authorized by the parent/guardian and payment by approved credit card, cash or check has been verified at the time of service.

## **It is important that you realize....**

- 1. Your dental benefit program is a contract between you, your employer and the insurance company. We are not a party to that contract. This office files your insurance claim on your behalf as a courtesy to you.
- 2. Not all dental services are a covered benefit in all contracts.
- 3. You, not the insurance company, are responsible to us for all of our fees for services rendered to you.
- 4. For patients who have insurance, an ESTIMATE, will be given of the benefits that the insurance company is expected to pay, and any deductible, co-payment and non-covered fees are expected at the time services are rendered.

We will gladly discuss your proposed dental treatment and answer any question you might have as to the involvement of your dental benefit program in receiving this care.

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Patient or Responsible Party

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Date