Financial Arrangements

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Financial Arrangements

We realize that every person's financial situation is different. For this reason, we have a variety of payment options to help you receive the care you need.

Insurance

As a courtesy to you, we are happy to file insurance claims on your behalf. Also, prior to your treatment appointments we will provide a written estimate of the anticipated insurance contribution toward your care. While we do all we can to see that you receive the full benefits available to you, please understand that the insurance company makes the final determination on whether they will pay or not, ***after*** they receive the claim. Your insurance benefits are a contract between you and your insurance company, and our estimates are not a guarantee of their payment.

* * By accepting treatment in our office, you agree to be fully responsible for the total cost of procedures performed. This includes any amount not covered by any dental insurance or repayment program you may have.* *

Additionally, if an unpaid balance has to be sent to a third party for collection, you agree to pay for the extra costs of collection, which may be up to an additional 35% of the balance owed. Finance fees may apply to all unpaid balances as well, up to 18% per year allowed by law.

Payment Options

Your estimated patient portion or co-payment is due at the time services are rendered. For your convenience, we offer the following options:

Cash or Check	Personal and business checks are gladly accepted. Please be aware that there will be a $35.00 fee charged for any NSF/returned checks.
Credit/ Debit Cards	Cards with Visa or MasterCard logo are accepted. This includes HSA and FSA cards. Monthly payment arrangements are available through CareCredit healthcare financing. Please inquire for more details.

Your signature below is evidence that you have read and understood the financial policy of this office.

X_____ _____

Patient or Legal Guardian Date

~ AND ~

In order to help keep treatment costs as low as possible, there is a $75 per hour fee charged for appointments broken or cancelled without 72 hours (3 of our full business days) notice.
(Note: our business days are MON-THURS)

X_____ _____

Patient or Legal Guardian Date

(Likewise, if we have to reschedule or cancel your appointment within the same time frame, you will not be charged for your next short notice cancellation as a reciprocal courtesy.)