



FINANCIAL POLICY

PAYMENT OPTIONS

Payment is expected at the time dental treatment is provided. Payment can be made by cash, personal checks, or any major credit cards. Some major procedures may require an advance deposit of 25% (7 days prior) with the balance due when you arrive for the procedure.

PAYMENT PLANS

We are able to offer payment plans through CareCredit and Springstone. These allow you to spread out the cost of your treatment over time with no or low-interest charges. We will be happy to assist you in applying for credit. They have a final say on your eligibility for these plans. Please ask us for further information.

DENTAL INSURANCE

Dental insurance is an agreement between you, your employer, and your insurance company. We are providers for Delta Dental Premier plans but accept all traditional dental insurance (ex: Cigna, Blue Cross, MetLife, etc.). Please understand that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. Dental insurance will not cover 100% of your treatment costs, and you are responsible for paying the balance in a timely manner. In the event your insurance company has not paid your balance in full within 60 days, the balance may be billed to you directly. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Your complete insurance information must be presented at the time services are provided. Most benefits will be estimated before insurance is billed. Because insurance policies vary greatly, we can estimate your coverage in good faith but cannot guarantee it. Any questions regarding benefits should be directed to your insurance company or human resource manager at your place of employment. We will make every effort to assist you in getting the most out of your dental insurance, and we will file your claims for you at no charges as a courtesy to you. In the end, you, the patient, are responsible for all charges regardless of insurance coverage.

UNPAID BALANCES

Returned checks are subject to a \$35 returned check fee. Patients are responsible for treatment fees as well as any legal or collection fees required to collect past due balances. Balances 60 days overdue will be subject to a 1.5% monthly finance charge.

I have read and agree to the above Financial Policy. I have been provided with the answers to any questions I have at this time.

Patient (or Guardian) Signature

Date

Patient Name (Printed)