

FINANCIAL OPTIONS

Our commitment is to provide quality care to the entire family through exceptional service and the utilization of advanced technology.

METHODS OF PAYMENT

1. Cash, Check or Credit Card (MasterCard, Visa, Discover or Debit Card)
2. Dental Insurance (described below)
3. Automatic Credit Card charge on monthly payment plans.
4. Dental Credit Card available

DENTAL INSURANCE

1. We are pleased you have dental insurance, and our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company. We will need you to give us your insurance information so we can call and get a breakdown of your insurance so we all know the coverage before we begin any treatments.
2. As a courtesy to you, we will file your insurance claim and accept assignment of benefits if you have signed the insurance payment authorization form. We ask that your estimated co-payment and deductible be paid at the time of service.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover.

RELATED INFORMATION

1. Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 2% per month, or 24% APR, plus re-billing fees. These additional fees will be applied to the unpaid balance at the end of the month.
2. In the event that the account is not paid and we refer the account to collection, you will be responsible for all fees incurred for collection of your bill (i.e. attorney fees, court costs and collection agency fees).
3. Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. 24 hours notice is needed to avoid a charge. Cancellations are accepted with reasonable notice to avoid a missed appointment charge.

I have read and understand the above information. I understand I am responsible (regardless of my insurance) for any charges incurred from services rendered.

NAME: _____

SIGNATURE: _____ DATE: _____