

## FINANCIAL POLICY

We are please to offer you the following payment options:

\*Cash or Personal Check

\*Personal Credit and Debit Cards  
Visa or Mastercard

\*Financing Options  
Dental Fee Plan or Care Credit

Please ask our administrative staff for details.
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Patient/guarantor agrees to and understands the following:

- Payment is due at time of service.
- As service to our patient, we will contact your insurance carrier for your dental benefits. **However, we are not responsible for any incorrect or incomplete information.**
- The office will submit up to two times: further insurance appeal becomes the responsibility of the patient / guarantor.
- Patient / guarantor is responsible to pay at the time of service. If treatment is covered by insurance, a deposit is required by the patient / guarantor for the patient portion.
- Patient is responsible to pay all charges not covered by insurance, including any fees considered above their insurance carrier's usual and customary fee schedule.
- Patient / guarantors is responsible for balances in full after 60 days regardless of expected insurance or third party payment.
- One percent (1%) per month interested (12% per year) will be charged on accounts 90 days past due.
- Patient / guarantor authorize their insurance benefits to be paid directly to the doctor.
- Patient guarantor authorizes the doctor or insurance company to release any information required for any claim.
- Patient / guarantor will be charged a \$50 fee for No Shows or Cancellations made with less than 24 hours notice.

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Signature (Responsible Party)

Date