



INFORMATION ABOUT YOUR DENTAL INVESTMENT

We feel strongly that our patients deserve the best possible care we can provide. In an effort to provide and maintain that high quality care, we would like to share some information with you about financing your dental care. Our hope is that by providing you the following information we can prevent misunderstandings and that you will be comfortable discussing financial and insurance matters with us. We urge you to consult with us if you have any questions regarding our fees and/or services.

1. At each visit we ask that you make full payment unless other arrangements have been made. If you have dental insurance, we ask that you pay that portion which your insurance does not pay.
2. Cash, Personal Check, Visa, MasterCard, Discover, American Express & Care Credit may be used for payment of your account.
3. Senior Citizens will be given a 5% courtesy adjustment for any dental service provided.
4. For patients without dental insurance a 5% cash courtesy adjustment will be given if you pay for your treatment in full with cash or check (can not be combined with senior discount).
5. Your initial appointment includes a comprehensive examination and necessary digital radiographs. The discounted fee for that initial visit is \$225.00 (usual cost \$325). Due to the discount already included, you cannot take an additional 5% cash or check discount.
6. Outstanding account balances are due in full within 30 days of service unless other arrangements have been made. A finance charge of 1.5% per month (18% per year) will be assessed to balances over 30 days past due, regardless of pending insurance coverage. We encourage you to check with your insurance company if they have not made payment within 30 days of your treatment date.
7. Many patients are under the impression that if they have insurance coverage, it is the insurance company who owes the provider for services rendered. The insurance contract is between the patient and the insurance company. Therefore, the patient is responsible for all account balances regardless of any insurance benefit.
8. Many insurance plans state that provided services will be covered 50%, 80%, or even 100%. We have found that many plans cover less depending upon the plans established "usual and customary fees". The benefits paid by your plan are largely determined by how much your employer/union paid for the plan. Please be aware that insurance companies will pay a claim percentage based on their "usual and customary" fees, and not our actual fees. Thus, your insurance coverage may be less than you expected. We encourage you to be familiar with your plan benefits. Our office is preferred providers with many insurance companies, please check with the front office staff if your insurance carrier is a PPO plan.
9. The parent that brings a minor in for treatment and signs below as guarantor is responsible for payment of services rendered. Our office does not recognize agreements between parents accepting or denying financial responsibility for dental fees.
10. Delinquent accounts will be referred to collection at the discretion of the office manager. There will be a \$20.00 collection processing charge for those accounts referred to collection. There is a \$20.00 charge for checks returned for non-sufficient funds.
11. We reserve the right to charge a broken appointment/late cancellation fee of \$50.00 per hour changed or broken by patients with less than 48 hours notice.

I understand the terms and conditions as stated above and accept full financial responsibility for any treatment rendered.

Signature: _____

Date: _____

