

## Financial Policy

In our continued commitment to provide the highest quality dental care available to all our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment. Please check one of the following:

**Personal Credit Card**

Visa

Mastercard

**Cash**

**CareCredit**

We are pleased to offer a financing option which is administered for us by CareCredit. Please ask our administrative staff for details and credit application.

**Prepayment**

We are happy to offer a 5% discount for services over \$300 when prepaid in full upon scheduling your appointment.

**Personal Check**

We are committed to support you in understanding your dental health, so that you will always be able to make the best choices.

As a courtesy, we will process your insurance benefits in our office, relieving you of this time consuming and sometimes complicated task.

I agree that I, not the insurance company, am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a benefit of any dental insurance that I may have. I acknowledge that this is an estimate only. I understand that all services are due to be paid in full within sixty (60) days of the date of service, regardless of whether or not my insurance benefits have been received. One and one-half percent (1.5%) per month interest (18% per year) will be charged on accounts 60 days from treatment date.

## Missed Appointments

Appointment times are reserved especially for you. **If for any reason you should need to change your appointment, there will be no charge provided you give us 48 hour notice.** Please help us serve you better by keeping your scheduled appointments.

We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure that you have an outstanding experience.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

