

# Financial policy

Dear Patient:

Thank you for choosing \_\_\_\_\_. We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship.

- o Full payment is due at the time of service unless other arrangements have been made.
- o We accept cash, checks, debit cards and all major credit cards.
- o We offer a 5% courtesy discount for all treatment that is paid in full by cash or check in advance or at the beginning of the treatment for treatment plans exceeding \$3,000.00. This offer is valid only for patients who do not have dental benefit plan coverage.
- o As a convenience to you, we will be happy to submit your insurance claims. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. The balance is your responsibility whether your insurance company pays or not. All co-pays and deductibles are due at the time of treatment. The estimated insurance coverage is not a guarantee of payment. Please keep your insurance information current by notifying us of any changes in employment, insurance coverage, etc.
- o We offer a low-fixed rate or no interest, no deposit, and no annual fee payment plan option, through CareCredit and Lending Club Patient Solutions for treatment plans exceeding \$3,000.00 upon application approval.
- o Finance Charges will occur after 90 days on any unpaid account balance.
- o A fee of \$50 is charged for patients who miss or cancel an appointment without 24-hour notice.
- o Returned checks will be subject to additional fees.
- o Failure to remit payment may result in the patient's account being referred to an outside collection agency. If your account is referred to an outside collection agency, you will be financially responsible for all costs associated with collection activities.

If you have any questions, please do not hesitate to ask.