

FINANCIAL POLICY

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality dental care using only the best material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges for services rendered are the patient's responsibility regardless of your dental insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 60 days from the date of service, you will be expected to pay the balance in full. As a courtesy to you we will help you process all your insurance claims. You may direct your insurance company to pay your benefits directly to our office by signing the authorization on the *Assignment of Benefits Agreement*. **You must provide proof of insurance whenever there is a change in your carrier or coverage, for our office to file your insurance claim properly and in a timely manner.**

If you do not have dental insurance payment is due at the time service is provided. Our office accepts Cash, Personal Check, Mastercard, Visa, American Express and Discover. Outside financing is available through **Care Credit** (upon approval).

Returned checks and balances older than 30 days may be subject to collection fees and finance charges at a rate 1.5% per month (18% annually).

If you have questions regarding our financial policy, please ask, we are committed to providing you with the most positive experience in dental care.

CANCELLATION POLICY

A 48-hour notice is requested when a scheduled appointment must be cancelled or rescheduled. Failure to cancel within 24 business hours of your reserved appointment will result in a fee of \$50.00 per broken appointment. These fees are not covered by insurance and are the sole responsibility of the patient. A credit card on file is required and will be charged automatically on the day of your missed appointment. Habitual broken/cancelled/rescheduled appointments may result in a patient having to prepay for services prior to scheduling an appointment. Subsequent cancelled or broken appointments may result in possible dismissal from our practice.

Signature _____ Date _____