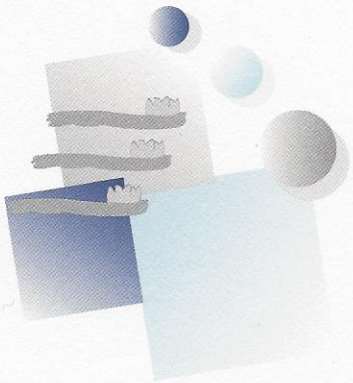

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FINANCIAL POLICY

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 you incur are your responsibility regardless of your 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***. In order for our office to file your insurance claim, you must bring proof of insurance whenever there is a change in your coverage.

Payment is due at the time service is provided. Our office accepts cash, personal check, Mastercard, Visa and Discover. Outside financing is available through Care Credit and Chase **Financial** upon request and 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).

We understand that your time is valuable. A 48 hour notice is required when a scheduled appointment must be cancelled or rescheduled. The first time an appointment is cancelled within 48 hours, you may be subject to a $100.00 missed appointment fee. The second missed appointment may result in a $300.00 fee. At the third missed appointment, you will be dismissed from our practice.

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

Print Name_____Date_____

Signature

_____