



## Office Financial Policy

It is our continued commitment to provide the highest quality of dental care available to all of our patients, and to have those services comfortably affordable.

We are pleased to offer the following payment options:

- Cash
- Check or Check Card
- Visa, MasterCard, or American Express
- Care Credit (If approved, you have the option of 6 to 18 months interest free!)

We are committed to support you in understanding your dental health, so that you will always be able to make the best choices. We will always present you with the best dental solution possible to treat your personal situation.

Your estimated insurance co-pay is expected when services are rendered, unless payment options have been arranged prior to treatment. All new patients are required to pay for their first visit in full unless we have discussed or received your insurance information prior to your appointment, in which you will only be expected to pay your estimated co-pay.

**We will, as a courtesy, process your insurance benefits in our office. All questions regarding your insurance benefits must be addressed by you to your insurance carrier.**

**Note: Please keep in mind that all balances of money owed are personal balances regardless of what your insurance company pays.**

**I agree that I am fully responsible for the total payment of all procedures performed in this office , this includes any treatment that is or is not a benefit of any dental insurance that I may have.**

I understand that the information I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes in my health status. We do require a 24 hour notice for canceled appointments, anything less is considered a broken appointment. After a broken appointment, it is at our Doctor's discretion whether or not we will continue seeing you as a patient. We will see you on an emergency basis for two weeks to give you time to find a new dentist.

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.

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Signature

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Date