



## **FINANCIAL and OFFICE POLICY INFORMATION**

We offer the following options for the payment of your necessary dental treatment.

1. We accept cash, check and Master card, Visa, Discover, Debit card or Money Order for your convenience. We do not however keep your credit card information on file for your protection.
2. For those patients who will pay the full treatment fee for treatment totaling more than \$500.00 prior to their first treatment appointment, we will deduct out 5% of the total cost to you. This savings to you represents costs of bookkeeping, laboratory, materials and billing. Please note ALL removable prosthetics must be paid for in full by the date of delivery. Half the fee must be paid at the initial appointment and the remaining balance upon receiving the denture or partial.
3. If you wish to pay in two equal payments, you may elect to pay half of the total treatment fee at the initial visit and the remaining half on the delivery date of crown or bridge.
4. We offer no interest payment plans through Care Credit. Applying for CareCredit is quick and easy with a simple application form.
5. There is a \$35.00 fee for any returned check. Payment will need to be made by cash, credit card, or cashiers check within 14 days for the amount due and the returned check fee.
6. Insurance is a contract between you and your insurance company. Your insurance claims will be filed by our office as a courtesy to you. You are responsible for any portion of charges not covered by your insurance. Our office will make every effort to facilitate maximum coverage.
7. Not all services are a covered benefit in all insurance contracts. It is your responsibility to know your policy.
8. Accounts 90 days old are subject to a delinquent fee. Balances will need to be paid in full at this time to avoid dismissal from the practice and the account being sent out to collection.
9. There is a \$75.00 fee for any appointment that is not cancelled 24 hours before your scheduled appointment time. Three consecutive "NO SHOW" appointments will be grounds for dismissal from the practice.
10. In the case of divorce or separation, the parent authorizing treatment for a child will be the parent responsible for any charges or copays. It is the authorizing parent's responsibility to collect from the other parent.