



## FINANCIAL POLICY

**Payment is due** at the time services are rendered. For your convenience we accept cash, Check, Amex, Visa and MasterCard.

**Insurance benefits** are determined by your employer and not your dentist. **Any deductible or estimated co-payment amount will be due at the time of treatment.** Insurance is not a guarantee of payment; Insurance companies will not pay for all your costs. Your insurance policy is a contract between you and your insurer. Your insurance and payments are your responsibility. As a courtesy we will be glad to submit your insurance claims electronically if all of the insurance information is provided. You will be expected to pay for services rendered if the office is unable to verify your insurance information before treatment.

If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectable.

**We reserve the right to charge and collect fees for broken appointments-** appointments that are cancelled or broken without 48- hours advanced notice. Appointments are reserved exclusively for you. As a benefit to you, we may offer to move your appointment to an earlier time if openings arise.

**Returned checks will incur a \$25.00 fee.**

**Interest is charged for past due balances.**

**Payment plans and financial arrangements** can be entered into for comprehensive dental treatment, prior to commencing treatment.

**I have read and understand this financial policy.**

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**SIGNATURE**

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**DATE**

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**PRINTED NAME**