Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require from you to read and sign prior to any treatment.

All patients must complete the patient information and medical history forms before seeing the doctor.

FULL PAYMENT OF PATIENTS PORTION IS DUE AT TIME OF SERVICE.

- WE ACCEPT CASH, PERSONAL CHECKS, VISA, MASTERCARD, AND DISCOVER
- WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL
- ALL MAJOR TREATMENT AND ANY TREATMENT INVOLVING A LABORATORY PROCEDURE WILL REQUIRE AN APPROPRIATE INITIAL PAYMENT TO BEGIN TREATMENT AND THE REMAINING BALANCE UPON COMPLETEION.

Returned Checks
There is a $30.00 charge for all returned checks.

Statements
There will be no charge for your initial statement, however for each additional statement there will be a $3.00 charge per statement.

Regarding Insurance
We may accept assignment of insurance benefits at your first visit. However, we do require your estimated portion of the bill to be paid at the time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. You insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all of the services provided may be non-covered services under your insurance plan. We will make every effort to collect payment from your insurance company, but if after 90 days we have not received payment from your insurance company we will take no further action with your insurance company. Please also realize that our dental diagnosis and treatment is not based on your insurance benefits.

Usual and Customary Rates
Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients
The adult accompanying a minor (parent or guardian) is responsible for payment.

Missed Appointments
Unless cancelled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of $35. Please help us serve you better by keeping scheduled appointments.

Thank you and please let us know if you have questions or concerns.

I have read the Financial Policy; I understand and agree to this Financial Policy.

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Signature of Responsibility Party Date