

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Financial Policy



## Financial Policy

Payment is due at the time services are rendered. For your convenience, we accept cash, credit card (Visa, Mastercard, Discover, American Express), or check. 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 payment are your responsibility.

As a courtesy we will be glad to file your claim for you if you bring 1) your dental insurance card and 2) all required employer information. 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 collectible.

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

We reserve the right to add a returned check fee of \$35 to your account balance and is collectible.

Payment plans and financial arrangements can be entered into for comprehensive dental treatment. All payment plans and financial arrangements must be made with the Administrative team prior to commencing treatment.

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

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Patient Name

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Name of Personal Financially Responsible for Account

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Signature of Person Financially Responsible for Account

Date