



WELCOME! Thank you for choosing our office. Our team strives to provide you with the finest, most comprehensive services available today; while making sure you receive the personal attention you deserve. The following is a statement of our Financial Guidelines and Procedures, which we require that you read, agree to and sign prior to any treatment.

Payment is due at the time service is provided. For your convenience our payment options are as follows:

- Care Credit: Interest-free payment plan for any treatment co-payment amount over \$200. Repayment schedule varies and is based on your credit score.
- Estimated insurance co-payment at the time of service with cash, check, Visa, Master Card, Discover, or American Express.
- Pre-paid installment plan.

Returned checks are subject to a \$35 service fee. In the event that your account becomes past due and is referred to an outside collection agency or attorney, you will be responsible for all collection costs, reasonable attorney fees, court fees, certified letter fees, handling fees, etc. incurred by our office. Unpaid balances will be subject to a 1.5% per month finance charge which commences 30 days from the date of service. Patients with a balance on their account will not be allowed to schedule an appointment until their balance has been paid.

For patients with insurance:

We are happy to process any insurance claims as a service to you at no charge. We are an In-Network Provider for Delta Dental Premier and Cigna DPPO, and Anthem 300. All other insurance will be processed as Out-of-Network. We may ask for your assistance in getting the most accurate coverage information in order to best estimate your out-of-pocket costs. Please keep in mind that any estimate that we provide to you is only an estimate and that you are responsible for all fees in their entirety. We are proud that our fees reflect the time the doctor spends with each patient, as well as the overall quality of care and service that we provide in our office. Our fees are often above insurance allowances since they are not based upon any insurance schedules. Also, many insurance companies exclude certain dental procedures or give a lesser amount of payment for the procedure; in which case, you will be responsible for the difference. Patients with insurance claims or litigation are ultimately responsible for their bill in this office. In the event that your claim is denied for any reason, or no third party agrees to protect the interests of this office, you become a cash patient and are responsible for the balance. Patient agrees that the entire balance will be paid within 90 days of the date of service, regardless of insurance coverage. If, after all insurance claims are paid, there is a credit on the patient's account, the credit will be refunded to the patient within 15 business days.

For patients who are under 18 years old or have a Responsible Party:

Unaccompanied minors will not be seen without a parent, guardian, or adult present. If a parent or guardian cannot be present for the child's appointment, then our office needs to be notified before the appointment and given the name of the adult bringing the child. The parent, guardian, or adult accompanying the child is responsible for full payment, deductible or percentage at or before the time of service.

Missed or Late Appointment(s) and Cancellations:

We realize that your time is just as valuable as ours and so you will find that normally your waiting time in our reception area will be very short. We try hard to schedule our patients so that waiting time is kept to a minimum and so your cooperation in keeping scheduled appointments on time is very much appreciated. We do understand that sometimes emergencies or illnesses can prevent you from keeping an appointment, but we require 48-hours' notice when canceling or changing an appointment. A charge may be assessed for multiple missed, short notice or cancelled appointments. Multiple failed appointments may result in being dismissed from the dental practice. If you are 10 or more minutes late for your appointment, we reserve the right to reschedule your appointment.

Please don't hesitate to ask us questions at any time, whether it be about your treatment, payment options or any other concerns you may have. Again, we are delighted to have you as a new patient and we're confident you'll be happy with the services you receive. Your signature indicates that you have read the Financial Guidelines and Procedures, understand them, and agree to them. Thank you for your time and consideration!

Signature of Patient or Responsible Party

Date