

## **Written Financial Policy**

Thank you for choosing our office for your dental needs. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

## **Payment Options:**

You may choose from:

- Cash, Check, Visa, Mastercard or Discover Card
- \*We offer a 5% courtesy accounting adjustment to patients who pay for their treatment in full at time of service with cash or check.
- DEFERRED INTEREST Payment Plans from CareCredit<sup>2</sup>
  - Allow you to pay over time with NO INTEREST<sup>1</sup>
  - Convenient, low monthly payment plans<sup>2</sup>
  - No annual fees or pre-payment penalties
- If using dental insurance, have the necessary information with you. We will check with your company and determine any deductibles and/or co-payments at your first appointment.

## Please note:

Fruitland Family Dental requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We also offer in-house 0% financing for three months. We charge 18% interest on all amounts past 90 days.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>3</sup>

We do not schedule again for patients who miss or cancel more than 3 times in a calendar year without 24-hour notice.

Fruitland Family Dental charges \$25.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature	Date

## Patient Name (Please Print)

<sup>&</sup>lt;sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>&</sup>lt;sup>2</sup>Subject to credit approval.

<sup>&</sup>lt;sup>3</sup>However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.