

Financial Policy

Payment Options:

Payment Due at Time of Service: To secure your next appointment after accepting your treatment plan, we require a deposit which will count toward your balance. All balances and/or fees must be paid in full on or before the day of service. There are **NO EXCEPTIONS!**

Accepted Payment Methods: We accept various forms of payment, including cash, credit cards (Visa, MasterCard, American Express, and Discover), FSA/HSA, Care Credit, and dental financing plans.

Dental Insurance:

Verification and Filing: We will verify your dental insurance coverage before your appointment, and we will file your dental insurance claims on your behalf. However, please note that your insurance plan is a contract between you and your insurance provider, and you are ultimately responsible for any outstanding balances.

Copayments and Deductibles: Copayments, deductibles, and any non-covered services are due at the time of service.

Estimated Patient Responsibility: We will provide you with an estimate of your out-of-pocket expenses before your treatment begins, based on the information provided by your insurance plan. This estimate may not be the final amount, as it is subject to change based on your insurance provider's determination.

Payment Plans and Financing:

Financial Arrangements: We understand that dental treatments can be a significant financial commitment. If needed, we offer third-party financing options to help make your care more affordable. Please inquire about these options with our office manager.

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Missed Appointments and Cancellations:

Missed Appointments: We value your time and the time of our dental team. If you need to cancel or reschedule your appointment, please provide at least 24 hours' notice. Failure to do so may result in delay of treatment.

Outstanding Balances:

Statements: You will receive monthly statements outlining any outstanding balances on your account. Please review these statements promptly and contact our office if you have any questions or concerns.

Collections: Accounts with unpaid balances that are more than 90 days past due may be sent to a collections agency. Patients with delinquent accounts may be dismissed from our practice.

Patient Responsibility:

Insurance Information: It is your responsibility to provide accurate and up-to-date insurance information to our office.

Understanding Your Benefits: We encourage you to understand your dental insurance coverage and the terms of your policy. If you have questions about your benefits, please contact your insurance provider or our financial coordinator for assistance.

By signing below, you acknowledge that you have read and understand our financial policy and agree to comply with its terms.

Print Name

Date

Signature