



OUR FINANCIAL POLICY

Thank you for choosing our dental practice as your dental care provider. We are committed to providing the optimum in dental care for you and your family. Please understand that payment of the services rendered is part of your treatment. The following is a statement of our Financial Policy which we require you to read, consent, and sign prior to any treatment:

- All patients must complete and sign the Health History form and the Financial Policy form before receiving any treatment
- We accept Master Card, Visa, Check Cards, Checks & Cash for payment
- We will attempt to verify your dental insurance plan. Please understand that the benefits quoted to us by your insurance company are **not a guarantee of benefits**. Benefits can only be determined when the claim is processed by your insurance carrier. It is your responsibility to fully understand the benefits of your insurance plan. Please note the insurance contract is between you and your insurance, we are not party to that contract.
- We will prepare and submit insurance claims for the dental treatment rendered. However, the balance will be your responsibility if your insurance company has not paid within 45 days.
- Payment is due the day of service unless prior arrangements have been made with the Office Manager. This includes your co-payment or payment in full for services if there is no dental insurance.
- We ask for a 48 hour courtesy if you must change your dental appointment. The office reserves the right to charge \$50.00 for missed appointments if not given this 48 hour notice. If appointments are chronically missed or canceled, the office has the right to dismiss the patient from the practice.
- Patients under the age of 18 must be accompanied by a parent or Guardian. If a parent or guardian is not present, a signed note must accompany the child and prior notice must be made to the office.

X _____ Signature _____ Date _____