



Financial Policy

Dental Treatment is an excellent investment in an individual's medical and psychological well being. We realize that everyone's personal financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the care that you need and/or desire

INSURANCE: We are happy to file the forms necessary to see that you receive the full benefits of your insurance coverage; however, we cannot guarantee any estimated coverage. Your insurance policy is an agreement between you, your insurance company, and your employer. We ask that all patients accept direct responsibility for all charges. You are required to meet the deductible, co-payments, and/or percent of estimated fees and non-covered services is applicable at the time of service. If for some reason the insurance company has not paid their allowed benefit within 90 days from the start of treatment and/or you are denied benefits, you are responsible for your account balance. It is the patient/subscribers/cardholder's responsibility to notify our office if there are any insurance changes.

We are happy to present you with 2 options in handling your insurance.

1. We will prepare everything needed and send all information to the insurance company for you. We will collect your portion at the time of service and accept assignment of benefits from your insurance company. If for any reason the insurance pays differently than they instructed our office, we will bill you for the remaining amount due.
2. We will prepare everything needed and send all information to the insurance company for you. We will collect our entire fee at the time of service and the insurance company will send you the reimbursement check. We are happy to offer you a 5% courtesy when you pay with cash or check.
3. If you have current X-rays we will need them from your previous Dentist, if not received from them within 5 Business days, you are responsible for charges.

NO INSURANCE: If you do not have insurance coverage, or we are unable to verify insurance for services rendered you are responsible for all fees. You accept the fees that have been presented to you by our office. We offer outside financing options to help offset your upfront costs. Please ask our business team members for information and applications.

Missed Appointment / No-Show Policy

Our office maintains a strict no-show policy to ensure availability and fairness to all patients. If you fail to attend a scheduled appointment without prior notice, a \$50.00 missed appointment fee will be charged.

Please note: Three (3) no-shows may result in dismissal from our practice.

Signature: _____ Date: _____