

## FINANCIAL POLICY

It is our commitment to provide our patients with a quality dental experience. We are eager to answer any questions you may have regarding your treatment needs, as well as questions regarding our fees or your dental insurance coverage.

Full payment is due at the time of service. We accept cash, checks, Visa and MasterCard.

Regarding dental insurance: Your insurance is a contract between you, your employer and your insurance carrier. **We are not contracted with any insurance company.** AS A COURTESY TO OUR PATIENTS, we accept assignment of benefits directly from your insurance company for their covered percentage of each procedure. However, if we do not receive payment from your insurance company within 35 days of the submission date, you will be expected to pay for all dental services in full. Our practice is committed to providing the best treatment possible for our patients, and our fees reflect what is usual and customary for our area. **You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.** We will assist you in every possible way to help you understand the terms of your insurance coverage pertaining to our dental services provided.

**Balances over sixty days are subject to a 5% finance charge. Returned check fee is \$40.00.** Initial here: \_\_\_\_\_

**If your account is turned over to a collection agency you will be assessed a 25% collection fee.** Initial here: \_\_\_\_\_

If you have any questions regarding our financial policy please feel free to address our Practice Administrator

Signature of responsible party

\_\_\_\_\_

Date \_\_\_\_\_