

# Financial Policy

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**We are pleased to welcome you to our office. New patients are always appreciated. In order to assist you in making payments for your treatment, we provide the following options. Please read them carefully, and feel free to discuss them with us.**

**PAYMENT:** We accept all major credit cards, care credit and cash.

**IF YOU DO NOT HAVE INSURANCE:** Payment is due in full at the time treatment is provided.

**IF YOU ARE INSURED:** We will submit your form to your insurance carrier for you. You are responsible, at the time of your appointment, for any deductible or co-payment NOT covered by the insurance company. Once our office has received payment from the insurance company, you will be billed, with 30 day terms, for any amount still owed. If there is a payment credit, you may apply the credit towards future dental work, or a check will be issued to you upon your request.

**INSURANCE PATIENTS- PLEASE READ CAREFULLY:** The amount of coverage paid by your insurance company may be based on your insurance company's own reduced fee schedule for treatment and may be less than actual charges resulting in lower coverage to you. We have no control over this situation. Lower payment is a direct result of the plan selected by your employer. Please be advised, **WE CAN NOT WAIVE THE CO-PAYMENT.** We are required by law to collect co-payment.

**EXTENDED CARE CASES:** Special arrangements may be made for extended care cases. Please see our Office Administrator.

**FINANCIAL CONSENT:** I certify that I have read, understood, and agree to this financial policy, and that it applies to myself and my dependents.

**Responsible Party's Signature:**

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**Date:**

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