



## FINANCIAL OPTIONS FOR OUR PATIENTS

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve. We are always available to answer your questions or assist you in any way we can. We welcome you to our family and look forward to helping you get the healthy, beautiful smile you've always wanted.

### 1. PREPAYMENT COURTESY OF 5%

- Save 5% of your estimated fees or co-payments when you pay your estimated share of cost for **all planned care** in full at the time of scheduling your next appointment.
- Cannot be combined with Dental Membership Plan

### 2. PAY AS YOU GO

- Pay your estimated fees or co-payments for each visit at the beginning of each visit.
- Major services requiring several visits such as crowns or dentures can be paid in two equal installments: one at the beginning of the initial appointment and one at the beginning of the delivery appointment.
- Some limitations apply.

### 3. Affordable Payment Plans – Care Credit

- Apply for a convenient payment plan that fits your budget today. Payment plans must be arranged at least 48 hours before the start of treatment.
- No initial payment required.
- Interest-Free financing available.
- Payment plans with low monthly payments ranging from 3 to 36 months.
- No pre-payment penalty.



#### 4. Dental Membership Program

- An alternative for our patients without dental insurance
- Yearly membership plan that includes your preventative care and all needed x-rays
- Members will get an additional 15% off all other dental services
- Please inquire to see what membership option best suits your needs!

#### 5. Automatic Credit Card Payment

- Choose automatic credit card billing to pay off your estimated co-payments or share of cost in three monthly installments.
- We will charge your credit card monthly on your scheduled date until paid in full.
- Some limitations apply.

### DENTAL INSURANCE

It is our pleasure to assist you in maximizing your insurance benefits. We will review your benefits and coverage details with you, complete your claim forms on your behalf, and assist you with all your insurance questions or needs. We will help estimate your deductible and the portion not covered by your insurance company and payable by you (co-payment).

***Please understand that all estimates offered by our office are based on the benefit information and break-down provided to us by your insurance company and cannot be guaranteed.*** Your insurance company will make the final determination of the actual coverage and payment. You will receive an Explanation of Benefits from your insurance company once the payment is rendered. We encourage you to refer to your insurance booklet or contact your insurance company to confirm coverage or verify all estimates.

As a courtesy to you, we will only initially ask you for your ***estimated co-payments/deductible*** and accept insurance payment directly from the insurance carrier.

If your insurance company denies a payment for any reason or fails to pay the entire estimated amount within 60 days, **any remaining balance will be charged directly to you and will become payable upon receipt of our statement.** Please recognize that your dental insurance is a legal contract between **you** and **your** insurance company. Our office is not a part of this legal contract and has no influence or control over the actual disbursements. We encourage you to contact your insurance company directly to help facilitate a prompt payment should there be an unreasonable delay or denial of payment.



### APPOINTMENTS

We would like to be on time for your appointments and have the best choice of appointments available to all of our patients. Last minute changes to our schedule can drastically affect the quality of service we provide to our patients. By giving us at least a **24 hour notice** when you need to change or cancel your appointment you make our job easier. If you fail to give 24 hours notice, you will be subject to a \$25 charge on your account. Your cooperation with this policy is greatly appreciated.

A non-refundable deposit will be required for any appointment of 2 hours or longer.

### FINANCIAL AGREEMENT

I understand and agree that all services rendered to me, my dependents, or others assigned by me to my account are charged directly to me. I further understand that **I am personally responsible for payment, including any amount not covered by my insurance.** Late fees of \$25 per month and/or finance charges can be applied to all past due amounts at the rate of 1.5% per month (18% annual rate). Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, collection fees or finance charges will be added.

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PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE