



Financial Policy

In the interest of good health care practice, it is desirable to establish a policy to avoid misunderstandings. Our primary responsibility is to help our patients experience great dental health and we wish to spend our time and energy toward that end.

- ◇ All accounts are due and payable at the time of your visit. This may include your patient portion when dental insurance is involved. Cash, checks, Visa/Mastercard/Discover are gladly accepted. For those who desire a monthly payment plan, we offer this on approved credit and on an individual basis through Cherry. We do ask that you make these arrangements prior to treatment. We can also arrange a payment plan by electronic funds transfer through your bank or credit card.
- ◇ Any balance outstanding for more than 60 days will incur a penalty charge of 1.5 per month or 18% per annum. We also may extend our right to withhold additional services until your account is paid in full.
- ◇ Insurance is gladly billed as a courtesy to our patients when you provide us with current information and any necessary forms. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. We cannot accept responsibility for negotiating disputed claims. Insurance reimbursement and fee allowance is a contract between you, your employer, and the insurance carrier. YOU are responsible for the payment of your account.
- ◇ Our practice is committed to providing the best treatment for our patients and we charge 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 fees.
- ◇ Due to the continually rising cost of dental supplies and equipment, fee quotes made for dental treatment are valid for 6 months from the date the fee was quoted.
- ◇ We require at least 24 HOUR NOTICE on all appointment cancellations. We consider more than 15 minutes late for an appointment a missed or canceled. We understand that emergencies do occur. However, excessive cancellations may result in a cancellation charge of 50.00. We may also exercise our right to refuse further services. Our time must be used as efficiently as possible in order to keep our fees at a minimum and our fees within reasonable limits.
- ◇ Separated or divorced parents of minors, who are responsible for one-half of the cost of a child's/children's dental care: The parent who brings the child in to the dental appointment is responsible for paying the co-payment or full fee. If it is necessary, we are happy to hold a credit/debit number from the non-custodial parent on file.

I have read the office policy and understand that regardless of any insurance coverage I may have, I am responsible for payments on my account. I understand that delinquent accounts may be assigned to a collection agency. If it becomes necessary to enforce collections of any amount on my account there will be a 100.00 charge for processing and dismissal from the practice. I also agree to pay for all costs the office incurs in pursuing collections, including reasonable attorney fees.

(Printed Name)

(Signature)

(Date)