

Financial Guidelines

We realize that every patient's financial situation is different. For this reason, we have worked hard to offer a variety of payment options to help you achieve and maintain a healthy and confident smile while respecting office operational costs for delivering high quality care.

Payment Options

Cash or Check: It is our pleasure to offer a 5% courtesy adjustment for all services \$500 and over, paid in full at the time service is rendered.

Credit Cards: Our office accepts Visa and MasterCard.

Financing: We understand that certain dental procedures may require a substantial investment on the patient's part to proceed with the necessary treatment. Therefore, we have made arrangements with a healthcare financing institution, Compassionate Finance, and are able to offer healthcare financing options. Please consult with our financial coordinator to determine the best option for you.

Dental Insurance

We accept most dental insurance plans and we are happy to file the necessary forms to see that you receive the full benefits of your coverage; however, we make no guarantee of any estimated coverage. **The insurance policy is an agreement between you and the insurance company. We ask that you be directly responsible to our office for all charges due.** Please know that we will do everything possible to see that you receive full benefits of your policy. **An estimated patient share of the amount not covered by the insurance company will be due at each appointment.** (This is also requested from those patients who carry more than one dental insurance plan). After we receive final payment from your insurance company, you will receive a statement for any unpaid balance. We will handle your claim for 60 days. After that time we may request your assistance in the appeals process to get the claim paid. Finance charges at 12% APR will accrue on any balance more than 60 days old.

Minors The adult (parent or guardian) accompanying a minor is responsible for full payment.

Missed Appointments and Cancellations

We realize your time is very valuable as is the time we hold for your appointment. **Unless cancelled at least 48 hours in advance, our policy is to charge up to \$100 per each hour reserved for the missed appointment.** Please help us serve you better by keeping the appointment that has been reserved specifically for you.

Our main goal is to provide you and your family with premium, state of the art dental health care for a lifetime. In doing so, we are committed to providing the best experiences, care and individualized relationships this profession can offer. We respectfully request you to honor and abide by these guidelines in accordance with the integrity, values and outward commitment for which this practice stands.

I have read and agree to conform to the contents of this agreement as a patient of this practice.

Signature _____ Date _____