

Financial Policy

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at anytime. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

- **ALL PATIENTS MUST COMPLETE A PATIENT REGISTRATION FORM**
- **PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED**
- **WE ACCEPT CASH,CHECKS, VISA,MASTERCARD,DISCOVER,AMERICAN EXPRESS & CARE CREDIT**
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DENTAL INSURANCE MAY BE ACCEPTED AS PAYMENT WHEN:

We are furnished all necessary information regarding your eligibility, deductible, and co-payment.

If we accept your dental insurance as payment, any portion of a deductible or co-payment that you owe is due at the time service is rendered.

Dental insurance is a CONTRACT between you and your employer's insurance company. Our office is NOT a party in your contract. Our office will file insurance as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary coverage, usual and customary charges, etc., other than to supply factual information as necessary.

IF I DO NOT PAY THE ACCOUNT AND DEFAULT RESULTS, I AGREE TO PAY COLLECTION COSTS AND ATTORNEY'S FEES INCURRED IN ATTEMPTING TO COLLECT ON THIS ACCOUNT.

YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT ON YOUR ACCOUNT.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

Signature _____ Date _____