



Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your successful dental treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. If you have *ANY* questions about fees for planned treatment, please ask us because it is your right to have any questions answered.

INSURANCE

If you have insurance, great! You are one of the lucky ones! Your insurance policy is a contract between you and your insurance company. We are happy to bill your insurance company electronically as a courtesy to you. The insurance company will mail you a check generally within 5-10 business days to the address they have on file. **Please remember that you are ultimately responsible for all expenses incurred.**

As a courtesy, we will bill your insurance company and request payment be sent to you. Your total bill is due at the time of service.

Our practice is committed to providing the best treatment for our patients. You are responsible for payment regardless of any insurance company's arbitrary determination of the fee they are willing to pay for a procedure.

Full payment is due at the time of service.

We accept cash, checks, Care Credit, Visa, MasterCard, American Express or Discover. Please ask us about Care Credit as alternative means of financing your dental needs.

Patient's Signature

Date

Thank you for giving us the opportunity to help you achieve your dental goals. Our staff will strive to deliver the type of service and atmosphere that you should expect from a superb dental office. To do this we ask for your help. We value your opinion and appreciate hearing about the things you like and about the things we could improve to better serve you.