

Fees, Payment & Insurance

Dental Insurance: Many companies in our area provide dental insurance for their employees. If you are covered by dental insurance, *payment will be easy for you*. We will file your claim and, in most cases, accept assignment of payment. You will only need to pay your deductible and the percentage required by your policy. When the insurance payment is received we will refund any overpayment you may have made or request that you pay any remaining balance. **Remember, even if you have insurance coverage you are still responsible for payment of your account.**

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Financial Policy: Just as we are committed to providing you with quality dental care, we are concerned with *keeping your cost reasonable*. One way we accomplish this is by eliminating costly billing procedure and requesting payment at the time of your visit. We will make financial arrangements with you on your dental treatment at the start of treatment to help cover the expenses incurred. Our office is happy to cooperate with your dental insurance company. We ask that you read your policy to be fully aware of any limitations of the benefits provided. You should be aware that the insurance agreement is between you and the insurance company and that we will help you realize your full insurance benefits.

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Returned checks and balances over 30 days may be subject to additional collection fees and interest charges of 1 ½% per month. *A cancellation charge may be applied for missed appointments and those cancelled without 24 hour notice from the appointment time. The fee ranges from \$25.00 to \$100.00, depending on the length of the appointment.*

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Payment Plans: We are willing to discuss payment plans with you. We accept Visa, Mastercard, Discover Card, American Express & Care Credit. *All accounts not paid within 90 days will automatically be put through on your personal credit card.*

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Important Notice: Effective April 11, 2014, Discover requires us to disclose the billing and shipping addresses to the cardholder for fraudulent card transactions; Discover also collects these addresses for fraud preventions purposes.

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Credit Card Type/Number: _____

Exp. Date: _____ **Today's Date:** _____

Print Name: _____ **Signature:** _____