



Payment Policy Acknowledgement

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. If you have dental insurance, we will help you to receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy.

For the convenience of our patients we offer the following methods of payment:

- Cash / Check (5% discount if the entire claim is paid in full at time of service. Insurance is billed and you are directly reimbursed by your insurance company)
- Bank Cards: American Express, Discover, Visa, Mastercard
- CareCredit (Healthcare Credit card/interest free in some cases)
- CareCap (In house Financing)
- For Insurance patients, we will accept payment for the initial examination directly from the insurance company for the percentage the company will cover. We gladly accept insurance assignments, but require that the deductible and non-covered fees be paid at each visit. In the event of duplicate payment, you will be reimbursed. **No additional discounts can be given on treatment sent to insurance.**

***Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered.**

It is important that you realize...

- **Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you.**
- **Not all dental services are a covered benefit in all contracts.**
- **You (not the insurance company) are responsible to us for all the fees for services rendered to you.**
- **For patients who have insurance, an ESTIMATE will be given of the benefits that the insurance company is expected to pay, and any co-payment is expected at the time services are rendered.**

We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving this care.

Cancellation Fee

We are committed to seeing our patients on time and respecting of their time. Late cancellation, failed appointments and late arrivals are disruptive to our schedule and other patients. In order to maintain our schedule we request 48 hours notice for cancellations and rescheduling of appointments. A \$50.00 fee will be charged to a patient's account after the second no-show or short notice cancellation. We require at least 24 hours-advanced notice.

NSF Checks

A \$25.00 fee will be charged for all returned checks.

Our Staff is pleased to assist you in obtaining the optimal dental treatment you deserve in a manner, which is affordable. Thanks you for choosing us as your dental healthcare provider. We are dedicated to the overall good health of our patients.

Patient or Responsible Party Signature: _____ Date: _____