Payment Policy Acknowledgment

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, seniors over 60 receive additional discount of 5%)
*Bank Cards: American Express, Visa, MasterCard & Discover
*CareCredit (Health care credit card/interest free available for 6 months)
*For patients with insurance, we require that the deductible, patient co-payment and any non-covered procedures to be paid at the time of service.
*No discounts can be given on treatment sent to insurance.

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 claim as a courtesy to you.
*Not all dental services are a covered benefit in all contracts.
* Patients are responsible for all fees for services rendered
*Treatment plans will be given upon request

Cancellation Fee

We are committed to seeing our patients on time and being respectful of their time. Short notice cancellations, failed appointments and late arrivals are disruptive to our schedule and to other patients. In order to maintain our schedule, we require 48 hours notice for cancellations and rescheduling of appointments. A $50.00 fee will be charged to the patient's account for any failed appointment or short notice cancellation.

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. Thank 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:_____