Our Financial Policy

Thank you for choosing us for your dental needs. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following explains our policy which we require you to read and sign prior to any treatment. Should you have any questions, please do not hesitate to ask.

- For exams, cleanings and x-rays, we request full payment at the time of appointment.
- For surgical procedures, we offer extended payment plans which can be discussed after your exam should you need any surgical treatment in our office.

Regarding Insurance:

- For exams, cleanings and x-rays, you will be given complete insurance information to send in to receive personal reimbursement for these services.
- For surgical treatment, we will be happy to submit a pre-treatment estimate for you to determine how much insurance will cover and what remainder will be your responsibility.

Forms of Payment:

- We accept cash, check, Mastercard, Visa, Discover and American Express
- Please note: Although we are happy to help you maximize your insurance benefits, if your insurance company has not sent payment or some form of communication regarding your claim within 60 days from your surgical appointment, we will contact you to arrange a payment plan until the insurance matter has been resolved. This ensures your account remains in good standing and does not reflect as negligent on your overall credit.

Minor Patients:

- The adult accompanying a minor will be responsible for payment arrangements, unless arrangements have been discussed prior to the appointment.
- For unaccompanied minors, payment arrangements must be made in advance with our office staff, prior to any surgical procedures.

Missed Appointments:

- Exams, cleanings and follow-ups require 2 days notice to reschedule or cancel otherwise a fee will be charged at the rate of a normal office visit that must be paid before making another appointment.
- To reserve an appointment for surgery, a \$200 deposit is requested. This amount will be applied towards your final balance the day of surgery. Surgery appointments require 1 week notice to reschedule or cancel otherwise a \$250 set-up fee must be paid before making another appointment.

| I have read, understand and agree to the above-mentioned policies: | | |
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| Responsible Party | Date | |