

**Financial Policies**

It is our policy for patients to clearly understand their treatment needs, as well as their financial responsibility, before treatment begins. We desire to make dental treatment affordable to all our patients. Therefore, we offer the following arrangements.

- VISA, MasterCard, American Express & Discover
- Cash or Check
- Flex Account
- HSA Account
- Patients with insurance: Estimated portion not covered by insurance is due at time of service.
- Patients without Insurance: Payment for dental services is due at the time of treatment.

**For our Patients with Dental Insurance**

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share the following facts about dental insurance.

Our responsibility is to provide you with the best treatment for your needs, not to try to match your care to insurance plan limitations. We cannot be held responsible for insurance limitations that have been disclosed to us. Dental insurance is not meant to be a pay-all... and is meant only to assist in paying for your dental care. Dental insurance plans do not necessarily correspond to individual patient needs. As such, many routine and necessary dental services are not covered, even though you may need those services.

Despite what your plan says, we've found that many plans actually pay less than what you might expect. The benefits your plan pays are largely determined by how much your employer/union pays in premiums for the plan. The less they paid for the plan, the less you'll receive. We are happy to submit your claims and help you to receive the maximum benefits for you, but please understand that we cannot accept responsibility to collecting an insurance claim, or for negotiating disputed claims. It is your responsibility to contact your insurance company to determine which services are covered under your plan.

For treatment that requires dental laboratory services, a minimum down payment will be required at the initial appointment.

I have read and understand the above financial policy. Regardless of insurance coverage I am responsible for payment of all dental fees for myself and/or my dependents. There will be a \$30.00 fee for all returned checks.

**MISSED APPOINTMENTS:** Your appointment time is reserved especially for you. There will be a broken appointment fee of \$75.00 per hour for any appointment canceled or rescheduled with less than 48 business hours notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_