**OUR FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment.

All patients must complete our information and insurance forms before being seen by the doctor.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE GLADLY ACCEPT CASH, CHECKS VISA/MASTERCARD OR DISCOVER CARD.

**Regarding Insurance**

We may accept your insurance benefits. Any portion of the bill not paid by the insurance company is your responsibility. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 45 days, the balance will automatically be transferred to your bill. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your Dental Care Program. However, we do require that DEDUCTIBLES AND CO-PAYMENTS ARE PAID IN FULL AT THE TIME OF SERVICE for all insurances.

**Usual and Customary Rates**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Minor Patients**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For the unaccompanied minor, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard, or payment by cash or check at time of service has been verified.

**Fees**

Our fees are based on treatment received and have to bearing on outcome. The patient is responsible for all collections and attorney's fees. This office reserves the right to add a monthly financial charge of 10% to any delinquent accounts, $20 for record transfer and $25 for any returned check.

**Missed appointments**

Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments at he rate of $10 per 15 minutes. We allow 2 No Shows and/or Cancellations with a reasonable explanation we have a right to refuse treatment as a patient. If you are 15+ minutes late, we will have to reschedule your appointment.

Please help us serve you better by keeping our scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.

X_____ DATE_____

Signature of Patient or Responsible Party

X_____ DATE_____

Signature of Co-Responsible Party