

TO ALL OUR PATIENTS

In an effort to keep dental costs down while maintaining a high level of professional care, we have established the following information for our patients. We encourage our patients they may have regarding our policies.

FINANCIAL POLICY

Payment in full at time of visit is due unless financial arrangements have been made.

1. Payments may be made by Cash, Check, Visa, Master Card, Discover, and American Express. We have outside financing available including 6 months to one-year interest free plans with approved credit. Outside financing must be pre-approved before dental work is begun. On patient balances over \$5,000, a 5% discount on cash payments is offered if entire amount is paid on the date the services are performed. We offer a 10% senior citizen discount. Multiple discounts cannot be used at the same time. Discounts cannot be used with outside financing.
2. Returned checks will add a \$25.00 to your account. Replacement can be made by cash only, checks cannot be processed twice.
3. We believe everyone's time is valuable, therefore there will be a \$32.00 fee charge for appointment cancelled or rescheduled without a 24-hour notice. Monday appointments require notice by 12:00 noon Friday. Arrival for appointments 10 minutes late may require rescheduling. For cancellation of reserved time over 40 minutes in length, our office reserves the right to charge according to the fee for service to be performed that day, not to exceed \$100.00.

All major treatments require an appropriate down payment. All treatment requiring laboratory work must be paid in full prior to delivery of any crowns or any prosthesis. To avoid misunderstanding, our Financial Coordinator will be happy to discuss any questions and/or financial arrangements regarding fees and payments.

BILLING

An itemized statement covering all services will be mailed on a monthly basis and will reflect the amount currently owed including any outstanding insurance. Any unpaid balances greater than 60 days old are subject to interest, 1.25% monthly with minimum of a \$1.50 service charge. Unpaid delinquent balances are subject to interest and collection costs, including court costs and attorney fees.

INSURANCE

We estimate as closely as possible your co-payments, however, your insurance policy is a contract between you and your insurance company. We, therefore, cannot guarantee payment of your claims or accept the responsibility of negotiating claims with insurance or other persons. If your insurance company pays only a portion of the bill or rejects your claim, you are responsible for all payment for services rendered.

We allow 60 days for outstanding claims to be paid, after that unpaid claim amounts are transferred to your personal balance and you are responsible for all payment at that time.

PLEASE READ THE FOLLOWING AUTHORIZATION AND SIGN

The undersigned hereby authorized the Doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize the Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. I understand the uses of anesthetic agents and other dental treatments embody a certain risk.

I authorize the release of any dental treatments and/or records. I authorize assignments of benefits on all claims, insurance or otherwise. I have read all of the above and agree to all terms and policies as outlined.

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Signature

\_\_\_\_\_  
Date