

Payment Options

- *When insurance coverage cannot be personally verified by one of our staff, payment in full for all services rendered for each new patient is due at the first appointment. After the first appointment, the following criteria are applicable.*

Payment per Visit - Cash or Insurance Directly Reimburses the Patient

- The fees for the procedures to be performed are paid for on the date of service. We accept cash, check and most major credit cards.

Insurance with Patient Co-pay

- When the insurance company you have contracted to help you pay for dental treatment mails the service reimbursement checks to our office, you will be required to pay the *estimated* patient portion at the time of service.
- We will fill out and file the treatment claim form for primary insurances on your behalf, as a courtesy to you. While we do not accept payments from any secondary insurance company, we will help you file a claim to a secondary insurance company if you wish.

Financing

- We can contact third party financial institutions, which we believe will be helpful, in an attempt to help you obtain financing to make it easier for you to pay for the treatment you need.

Returned Checks

- If a check is returned to our office for any reason, including insufficient funds, the patient will be required to settle the balance in full with cash only, plus a returned check fee of \$50.00 in addition.
- For the remaining 6 months, no checks will be accepted.

Delinquent Accounts & Missed or Failed Appointments

- You will be required to pay for all services required to collect your account balance. This may include the following, but may not be limited to; collection fees, attorney fees and/or court costs.
- Any balance that has been due for 75 days, will be reported to American Credit Bureau, who reports blemishes to all three major credit bureaus.
- There will be a charge for any appointment that is failed. There will also be a charge for any appointment that is cancelled or rescheduled with less than 48 hours notice.

Patient Name: _____

Signature of Responsible Party: _____ Date: _____



FINANCIAL AGREEMENT