

Our Financial Philosophy

It is important to us that the quality of our business services matches the quality of our dentistry. We are committed to supporting you in understanding your dental health so that you will be able to make the best choices. We want the handling of your account, from the start through final payments to be perceived as an extension of the dental care we provide you and your family.

Patient's Role

As with any partnership, both parties have a role to play. Our role is providing you with quality service. In turn, your role is to pay for your treatment in a timely manner. Our team will work with you to determine financial arrangements that make sense for both of us.

In developing a financial arrangement it is important to remember your dental future. Our experience has shown that when an account lingers, patients are likely to defer their appointments. It is discouraging to add new charges to an account when trying to pay off old charges. With this in mind, we will concentrate our efforts in clearing your account in as short a time as is comfortable for both of us.

Regarding Insurance:

We ask you to provide us with all your necessary dental insurance information and we in turn will process your insurance claims for you. We may accept assignment of insurance benefits, however the balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid on your claim within 45 days, the full balance will automatically be transferred to you.

We are pleased to offer you these options for payment:

- **check or cash**
- **Visa or Mastercard**
- **Care Credit- flexible financing to offer you affordable monthly payments**

I understand that I am fully responsible for the total payment of all procedures preformed in this office- this includes any treatment that is not a benefit of any dental insurance I may have. I understand that all services are due to be paid in full within ninety (90) days of service. I understand that if my account reaches collection status (120 days) and I make no effort to pay off my account, my account will be assigned to a collection agency.

We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure you have an outstanding experience.

I have read the Financial Policy. I understand, accept, and agree to the Financial Policy.

Signature of Patient or Responsible Party: _____

Date: _____