



Financial Policy

Payment Policy: In the effort to hold costs down, payment is due when services are provided. For your payment convenience, we accept Visa, MasterCard, American Express and Discover.

Payment Plans: For services exceeding \$300, you may be interested in Care Credit or Citi Health Care financing. These arrangements must be made prior to your appointment.

Lab related services such as crown and bridge, partial and full dentures will need to be paid in full prior to the first appointment. If you have insurance benefits, you may pay your estimated percentage along with the deductible at the first appointment.

Dental Insurance: As a courtesy to our patients who have dental insurance coverage, we will be happy to file your claim. Your deductible and co-payments are due the day of service. We will estimate these amounts for you using the information provided by your plan. This will include any amount that exceeds the annual maximums

Although we endeavor to be knowledgeable about the various insurance plans, it is your responsibility to know your policy benefits, limitations and exclusions.

In the event the insurance claim is not processed within a timely manner, we will follow up with your insurance carrier. However, further delays caused by the insurance company will require you to make full payment to our office. To expedite processing, you will need to contact the insurance company directly.

Your signature below indicates that the assignment of insurance benefits will be sent directly to our office. If the insurance company issues the payment to you, you will be responsible to make payment in full the day of service.

Broken Appointment Policy: Your scheduled appointment time is reserved specifically for you. Our office does require a 24 hour notice if a cancellation is unavoidable. If two broken appointments occur without a 24 hour notice, you will be required to pay a \$50 deposit to schedule any future appointments. Also, if you arrive more than 15 minutes late you may be asked to reschedule the appointment. Again, please call at least 24 hours in advance if a cancellation is unavoidable so that we may give the appointment to another patient.

I have had an opportunity to review the office policies and accept the terms.

Signature of Patient or Guardian _____ Date: _____