

Welcome! Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel as welcomed and comfortable as possible. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

**Financial Agreement:**

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using cash, check, VISA, Mastercard, Discover, and AmericanExpress. We also offer CareCredit as a financing option. We will mail monthly statements to all patients with an outstanding balance. A $25.00 late fee will be charged if the account is not satisfied after the second billing cycle.

**Appointments:**

In order to serve you better, we try to maintain an efficient appointment system. To do so, we require 24 hour notice for any cancelled or rescheduled appointment. We understand emergencies happen, and will take that into consideration, however we ask for your courtesy for our schedules and the time of others. After the 2nd missed or broken appointment a $25.00 fee will be charged to your account and payment will be required to reschedule appointments. After the 3rd missed or reschedule appointment we will put you on a short call list in which we will call you when an appointment time becomes available on short notice. This gives you the opportunity to know if your schedule has an opening for a dental appointment within the next few hours.

**Insurance:**

We accept most major PPO insurance plans. Please check with your carrier prior to your appointment to verify network status. We will submit all services to your insurance; however this is not a guarantee of payment. Most insurance policies are designed to cover a portion of a patient’s necessary dental treatment, leaving the patient financially responsible for the remaining cost. If you have an annual deductible that has not been met you may have to pay for the entire cost of your treatment until reaching your set deductible.  If your annual deductible has been met, you may still have to pay a co-insurance, co-payment, or other non-covered costs.

Please indicate your understanding and acceptance of these financial policies by signing below.

Patient’s Name: Date:

Patient’s Signature: