

## Financial Policy

Thank you for selecting us as your dental care provider. We are committed to the highest level of quality, preventive treatment. Please understand that payment for services rendered is part of your treatment. Outlined below is our financial policy. Please read it carefully and sign it before being seen by the doctor.

1. Full payment is due at the time of service.
2. We accept cash, checks, Visa/MasterCard, and American Express
3. If you have dental insurance, you are expected to pay your estimated portion, all co-pays, or deductibles at the time of services.
4. With prior arrangements, we offer an extended payment plan.

Our practice is committed to providing the best treatment for our patients, based on a diagnosis of what is needed to save and prevent further loss or damage to your gums or teeth. We charge fees that are usual and customary for our area. Our diagnosis will not be based on what your insurance company will cover, the amount of money you have left on your deductible, or how economical the treatment will be. Again, it will be based on what is in the best interest of your dental and health care. Regardless of any insurance company's arbitrary determination of what usual and customary is that you are responsible for payment.

You will be expected to pay your estimated portion of the fee for treatment. Be aware that this is only an estimate. The actual amount could vary depending on what your insurance will cover or unexpected changes of treatment. You are ultimately responsible for any balance for services rendered. Your insurance policy is a contract between your employer and your insurance company. We are not a party to that agreement unless your insurance has our practice as a participating provider under your insurance plan. Once your insurance has paid their portion of services rendered, a monthly statement will be sent to you for any remaining balance unpaid.

Patient \_\_\_\_\_ Date \_\_\_\_\_

Parent or  
Guardian \_\_\_\_\_ Relationship \_\_\_\_\_