FINANCIAL POLICY

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a caring and enjoyable atmosphere. It is our policy to make definite financial arrangements with you before any treatment starts. Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

- 1. Payment for services is due at the time services are rendered. We accept cash, checks and credit cards.
- 2. Our office will file insurance on your behalf, however, please understand that any discrepancy in payment will be your responsibility. Your insurance is a contract between you and your employer, we file it as a courtesy.
- 3. Before treatment is rendered we will do our best to give you "estimates" on what your portion will be however, your insurance may pay differently than what is estimated. Please note that any amount that is not paid by your insurance is your financial responsibility.
- 4. If insurance benefits are assigned to the doctor, you will be responsible for paying your deductible and copayments at the time of service. You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurances company's usual and customary fee schedule.
- 5. After 30 days we will assess finance charges on your account. After 90 days we will inform you of the delinquent account by letter and if no action is taken to clear the account, this office will be required to employ collection service to collect payment.
- 6. There will be a \$30 service charge for all returned checks.
- 7. The parent or guardian who brings the child for their initial visit is responsible for payment independent of what a divorce decree or custody arrangement may state. Reimbursement must be made between the divorced parents. We will not intervene.

APPOINTMENT POLICY

We know that circumstances may arise that make it necessary to cancel your dental appointment. We ask for a **48 hour** notice if possible. We reserve the right to charge a fee of **\$65** for a missed/cancelled appointment without a 48 hour notice and you must speak directly with a member of our staff.

Broken appointments or short-term cancellations (within 24 hours) without proper notification can be costly and unfair to other patients who need appointments. Repeated broken appointments of any kind may warrant dismissal from the practice.

AUTHORIZATION

I have read and accept the above policy and understand it and agree to the terms set forth regarding payment.

Signature of Responsible Party	Date