

# Dental Financial Policy

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care. We are always available to answer your questions or assist you in any way we can.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

## Optional Payment Terms:

1. **Major Service - Two Payment Option:** We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your co-payment at the first appointment and the second half at the seat date appointment.
2. **Credit Card Payment Option:** We accept American Express, Discover, VISA, and MasterCard.

Payments are expected at the time dental services are rendered. We accept cash, checks, debit cards, and all major credit cards. A \$30.00 service charge is charged for all returned checks regardless of the reason for the check's return by your bank.

An account for dental treatment is due at the time service is rendered. Accounts are past due sixty (60) days after treatment and/or your insurance carrier's payment of its portion of the charges. We reserve the right to send any overdue and unpaid account to a collection agent or attorney for formal collection action. Fees and costs (including attorneys' fees, court costs and expenses) associated with the collection of any overdue and unpaid account is the responsibility of the patient and/or patient's guardian. It is your responsibility to notify our office of any change in insurance coverage prior to treatment.

**Broken appointments:** A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a \$50.00/hour cancellation fee (emergencies are an exception).

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Patient or Parent/Guardian

## **RECORDS PRIVACY**

All patient records are kept strictly confidential by this office and our staff and will not be shared with anyone unless you expressly direct. However, when we file a claim with your insurance carrier for dental treatment, your treatment and related charges will be released by our office to your insurance carrier and processed by them either electronically or by mail.

## **STERILIZATION PROCEDURE**

This dental office uses disposable treatment supplies and instruments whenever appropriate. All other instruments are sterilized (either cold and/or heat sterilization as appropriate) before use with each patient. The operatory is disinfected before each patient's appointment.