FINANCIAL POLICY

PAYMENT IS DUE AT TIME OF TREATMENT

Payment is due at the time services are rendered. Payment for all laboratory fabricated dental treatment (crowns, onlays, bridges, dentures, etc.) is required at the time services are initiated. We accept most major credit cards, personal checks, money orders or cash. If you prefer a deferred payment option, we offer our patients Care Credit. We have Care Credit's phone number and website for you to make financial arrangements.

I understand that any delinquent balances are subject to a Finance Charge of 1 ½% every month until the balance is paid in full. Regardless of dental benefit coverage, I am responsible to pay reasonable attorney's fees and collection expenses incurred in the event my account is referred to an attorney or agency for collection.

DENTAL BENEFITS (INSURANCE) – WE GO THE EXTRA MILE

If you have dental benefits, we will make a good faith estimate of your benefits. At the time services are rendered, patients will need to pay their estimated portion and we will defer billing to you for the remaining amount. As a courtesy to you, we will file the appropriate claim forms with your dental benefits company. We are also happy to provide your benefit carrier with x-rays or other information they may require in accordance with the Health Insurance Portability & Accountability Act (HIPAA).

If your dental benefit carrier denies coverage, or if we otherwise do not receive payment within 60 days from filing your claim, the amount will then become due and payable by you. Remember that your coverage is a contract between you and your benefits carrier and/or your employer and your benefits provider.

ASSIGNMENT AND RELEASE

I authorize payment to be made directly to the dentist by my dental benefit company. I accept financial responsibility for all services whether covered or not by my dental benefit provider and I authorize release of any dental or medical care information requested by my benefit carrier.

I have read and understand the terms of my dental insurance, their policies and copayments.

Thank you for your understanding our Financial Consent & Policy. Please let us know if you have any questions!

Patient Signature Printed Name Date

Responsible Party Signature if different than Patient Printed Name Date