**Financial Policy**

In an effort to keep fees reasonable and to continue to provide quality care we have established a payment policy.

Our administrative team will be happy to bill your insurance carrier, however, we do require payment of any uncovered services, deductibles or co-payments to be taken care of at each appointment. You are responsible for all uncovered charges that may incur via non-payment from insurance company.

1. All routine dental treatment will be paid in full at the time the treatment is rendered, unless individual arrangements have been made with the financial coordinator.
2. Cash, check, charge cards, or care credit cards are acceptable forms of payment.
3. We have a financial coordinator who will be happy to help you with your individual needs. For treatment plans, you will be given an **ESTIMATE** of what your insurance company will pay and any co-payment will be handled according to the above financial policy. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. This means that in the event an insurance claim is denied in whole or in part, it is the responsibility of the patient to pay the remaining balance.
4. In the event of a missed appointment without 24 hour notice, a $25.00 per hour broken appointment fee may be assessed.
5. If **three** appointments are missed by means of no-call-no-show or cancellation within 24 hours, we reserve the right to require a credit card hold for any upcoming appointment time that the patient would like to schedule. If that appointment is cancelled within 24 hours, the credit card will be charged a $25.00 broken appointment fee.
6. If a balance should remain on your account for 90 days without having prior payment arrangements with our office, your account will be forwarded to our collection agency and all legal fees and collection fees will be the sole responsibility of the patient or patient’s legal guardian.

**DEPOSIT POLICY:** For some procedures, a deposit may be required to reserve the appointment time. This deposit will go toward the procedure that the patient is scheduled for that day. In the event of a missed appointment without 24 hours notice, a **NON-REFUNDABLE** penalty will be assessed at the rate of $25.00 per hour. This will be deducted from the appointment deposit and will not be re-applied to that or any other treatment fee. The patient will then be responsible for the full fee at the time of service.

I have read and fully understand the financial policy outlined above.

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**Signature of Patient or Guardian Date**