



Financial Policy

Thank you for choosing our office to serve you with your dental needs. We strive to provide excellent care, skill, and judgment, and in return, we ask for your help in paying for our services in a responsible and timely manner. Please feel free to ask any questions regarding this policy.

Insurance: It is important to all concerned that you are well informed regarding the extent of your insurance coverage. Please check with our office and your insurance company prior to your appointment to determine your eligibility and benefit coverage. Your benefits depend upon the quality of the contract your employer purchased with the insurance company. As a service we can file a pre-authorization with your insurance company in cases, where coverage may be questionable. We will do our best to assist you in the handling of your insurance claims and to maximize your benefits for you. Our office accepts assignment of benefits for many insurance companies. This allows us to file your claim for you and allows the insurance company to send payment directly to our office. However, not all insurance companies will accept assignments of benefits. In these cases, you will be required to make full payment of the services rendered and we will file the claims on your behalf. Our office provides insurance estimates only. You the patient are responsible for all amounts regardless of insurance involvement.

Payment: We accept cash, checks, care credit, and most bankcards. We offer a variety of payment options and should financial arrangements be necessary, please schedule an appointment with our financial manager.

Missed Appointments: Our Doctors and staff work closely with new and established patients to set appointments that meet the patient's treatment needs as well as their availability of time. In order for us to be the most efficient we can in this area, we need your help to inform us prior to 24 hours if unable to keep an appointment. We understand that emergencies arise and appointments are missed; however a 24 hour notice is required to avoid a cancellation fee. A fee will also be charged for patients not showing for their appointment without the same 24 hour notice. We do this in order to service you better and we appreciate your cooperation.

I have read this financial policy. I understand and agree to the terms.

Patient or Guardian Signature

Date _____