FINANCIAL POLICY

We welcome you to our dental practice and look forward to the opportunity of developing a long-term relationship with you. One of our goals as we begin our relationship is to make the financial aspect of your dental treatment as painless as possible. We do this by:

* Collecting necessary information regarding your dental insurance
* Estimating the costs of your treatment based on the information we have the day of the estimate
* Providing payment options that work within your budget.

Regarding dental insurance: Please remember that you need to understand the provisions and limitations of your coverage, and it is very important that you keep us notified of any changes to your dental plan. Unfortunately, insurance companies have set a trend of continuing to decrease the number and percentage of covered services, and not necessarily informing dental providers of the changes. The ability to speak with a live person at your insurance company has also become more difficult. In a world of helpful technology, it can often take 30 minutes or more of waiting on hold or pushing buttons through the automated system to get a question answered. Some insurance companies will not speak to us – they say we must find the information on the internet or through their system. Please understand that we will do everything we can to get the most information possible regarding your insurance, to the best of our ability. It has also become apparent that necessary treatment is not always necessarily covered. Your dental insurance is a contract between you and your insurance company, and you are under obligation to pay for what insurance states as patient responsibility. We are, however, happy to partner with you as we learn about your plan benefits, file your claims, and estimate as closely as possible your out-of-pocket costs when scheduling treatment. We gather information regarding your benefits from you, from the internet, and by calling your insurance carrier for specific details. Please know that we will do everything possible to see that you receive the full benefits of your policy. We strive to pass on everything we learn about your insurance to you, but we count on you to keep us informed of changes and any amounts that are used with other specialists. Ultimately, you are responsible for understanding your own dental insurance benefits.

When estimating your costs for treatment, please remember that our estimate is only as good as the information we have regarding your plan at the time we give the estimate. We typically come very close in our estimations, and ask that you be prepared to pay your estimated portion at the time of treatment. We also ask for your understanding when insurance pays differently than expected, which happens on occasion. If your insurance pays more than we estimated, we are happy to refund the difference, and conversely, when they do not pay as much as estimated, the balance is then your responsibility and due in full. A service charge of 1.5% per month (18% per annum) will be assessed on amounts due over 90 days.

Payment for services is due at the time they are performed. For your convenience, we accept several payment options. We accept cash (believe it or not), checks, VISA, MasterCard, Discover and American Express. We are also happy to offer a financing option through CareCredit with no-interest plans ranging from 6 to 12 months, as well as an extended payment plan at a competitive interest rate. If you do not have insurance and pay with cash or credit card, we will give you a 5% discount.

Lastly, we must speak to the issue of short-notice cancellations and no-shows. We really wish we didn't have to address this issue, but due to the nature of today's economy and out of respect for our staff's time and that of our other patients, we have found in necessary to assess cancellation fees of $50 per hour for hygiene appointments and $100 per hour for restoration appointments if we do not receive notice of 2 business days if you must cancel or reschedule your appointment. We realize that unexpected circumstances occur in all of our lives, so we will try to extend grace when possible; we ask that you understand the impact cancellations have on all of us.

I have read and fully understand this Financial Policy and agree to the terms therein:

Signature ________________________________ Date ________________________________