



FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible personal quality care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Payments for services are due at the time they are rendered, unless other arrangements have been discussed prior to the start of treatment.

We accept Cash, Check, MasterCard, Visa, and Discover. Returned checks and balances older than 30 days are subject to additional collection fees and interest charges. Charges may also apply to any appointment that is broken or cancelled without 48 hours advanced notice.

For patients interested in a monthly payment plan we offer several interest free options through Care Credit Corporation or Capital One Financing. You may choose from a 3, 6, or 12 month plan. We also have options for those looking for even smaller monthly payments, however those will be subject to finance charges.

We do accept assignment of insurance benefits assuming that your insurance provider will submit payments directly to us; some do not.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. Insurance pre-estimates and/or insurance quotes are not a guarantee of payment.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. Filing your dental forms is a courtesy that we extend to our patients; all charges are your responsibility from the date services are rendered.

If you have any question about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask. We are here to help you.

X _____ Date _____
Signature of Patient/ Guardian (please circle)