

Welcome to our office, and thank you for selecting us to help with your dental health. We pride ourselves on making dentistry a pleasant experience. Our commitment is to provide you with the best dental care possible.

The following is our Financial Policy Statement, which we ask all patients to read and sign.

- Fees for services are due in full at the time of treatment. We accept cash, checks, Visa, MasterCard and American Express. Other payment options requiring financing can be arranged through our office through Care Credit. All credit arrangements are required to be made prior to treatment scheduling.

CareCredit: Offers a separate line of credit to cover the dental care for the whole family.

- A line of credit that can be established in less than 30 minutes
 - CareCredit doesn't affect limits of other credit cards
 - Monthly payments as low as 3% of the balance
 - Six and Twelve Month Financing available with zero interest
- If you have dental insurance, as a courtesy to you we will be happy to assist in the processing of your insurance claims. However, please remember that the financial obligation for dental treatment is between you and this office. Your insurance policy is a contract between you, your employer and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company.
 - Returned checks are subject to additional collection fees.
 - We request a 48 hour cancellation notice. We request this courtesy because it allows us to see our patients promptly. It also helps us provide more affordable dental care. Naturally, a missed appointment means trained personnel and dental facilities are not used as productively as they could be. For this reason, there is a fee charged for missed appointments.

We are happy to work with the most appropriate arrangements for your budget. Financing treatment will allow you to be treated immediately and to extend the cost over a period of time.

We appreciate your trust in us as your dental care provider and we appreciate the opportunity to serve you.

PATIENT'S OR GUARDIAN'S SIGNATURE

DATE

FINANCIAL POLICY