OFFICE FINANCIAL POLICY

In our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment:

**Care Credit Payment Plan**

**5% Accounting courtesy for payment in full with cash or check (Not Debit Card)**

**Visa/MasterCard/Discover/AMX**

We are committed to support you in understanding your dental health, so that you will always be able to make the best choices. We will always present you with the best dental solution possible to treat your personal situation.

We will, as a courtesy, process your insurance benefits in our office. All questions regarding your insurance benefits must be addressed to you insurance carrier.

I agree that I am fully responsible for the total payment of all procedures performed in this office-this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that any estimated portion, not covered by insurance, is due at time of service for all services rendered.

I understand that all services billed to my insurance company are due to be paid within sixty (60) days of date of service, regardless of whether or not my insurance benefits have been received. One and one-half percent (1.5%) per month interest, eighteen percent (18%) per year will be charged on accounts 60 days from treatment date. I also understand that should credit be extended to me by this dental office, a credit check will be made through TRX or other credit services and I authorize release of all financial data.

We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure that you have an outstanding experience.

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Signature (responsible party) Date