



Financial Policy

We are pleased to welcome you to our office, new patients are always appreciated. In order to assist you in making payments for your treatment, we provide the following options. Please read these carefully and feel free to discuss them with our staff.

PAYMENT: We accept all major credit cards, care credit and cash.

IF YOU DO NOT HAVE INSURANCE: Payment is due in full at the time treatment is provided.

IF YOU ARE INSURED: We will submit the necessary forms to your insurance carrier. You are responsible (at the time of your appointment), for any deductible or co-payment NOT covered by the insurance carrier. Please be advised, we are unable to waive this fee and are required by law to collect co-payments. Once our office has received the insurance payment, you will be billed (with 15 day terms), for any remaining balance. If there is payment credit, you may apply the credit towards future dental work, or a check will be issued to you upon your request.

INSURANCE PATIENTS - PLEASE READ CAREFULLY: The amount of coverage by your insurance, may be based on a reduced fee schedule selected by your employer. It's possible that this may result in lower coverage than estimated.

IMPLANT CASES: A 50% deposit will be due upon scheduling for treatment.

EXTENDED CARE CASES: Special arrangements may be made for extended care cases. Please see our Office Administrator.

FINANCIAL CONSENT: I certify that I have read, understood, and agree to this financial policy as it applies to myself and includes any dependents.

We are highly sensitive to issues relating to economics. You will be provided with an estimate/anticipated reimbursement schedule. Please know that every effort will be made to optimize the reimbursement from your insurance company. Sometimes the insurance company pays us less than the anticipated amount. Therefore you may receive an invoice from us possibly months after your visit. We look forward to caring for you.

I have read the above statement and it is acceptable to me.

Responsible Party's Signature: _____

Date: _____