

FINANCIAL POLICY

Payment is due at the time of service. We accept cash, personal check, and all major credit cards. We will be happy to file all insurance claims for services rendered. Estimated portions unpaid by insurance will be due the day services were provided. If your insurance company sends you payments directly, payment is due in full at time of service. For clients requiring extended payment plans, we offer Care Credit financing. This service is subject to credit approval. All unpaid balances are subject to a 1.75% monthly interest charge.

All accounts that have not had full payment in 60 days will automatically be sent to American Profit Systems, a reputable collection agency. These accounts will be charged a \$25.00 collection fee. There is a \$25.00 charge for all returned checks.

Appointments failed or not cancelled 24 hours before appointment will be subject to a fee. All new patient courtesy discounts of any nature will be null and void if 24 hour cancellation notice is not provided. Repetitive short notice cancellations or failures may lead to cancellation of existing appointments and dismissal from the practice.

Our goal is to provide the highest quality care of dentistry at a fair fee. We consider all our patients valuable and are grateful for the opportunity to serve each of you. We look forward to continuing to provide you with the best dental care possible.

Signature: _____

Print name: _____

Date: _____