

Our Financial Policy

Welcome to Perimeter Dental Group. We are committed to providing you with the best possible care. We will gladly discuss your treatment and answer any questions you may have relating to the cost of treatment. In an effort to keep dental costs down while maintaining a high level of professional care, we have established the following payment arrangements for the use of our patients.

Payment and/or co-pays for service are due at the time services are provided. Our fees may be paid in the following manner:

1. Payment in cash.
2. Payment by MasterCard, Visa, or Discover.
3. Payment by CareCredit. CareCredit is bank financing for qualifying patients who prefer additional time to pay their balance. It is a revolving line of credit through a local bank. It is designed to meet the needs of our patients and is ideal for elective procedures, emergency care, and treatment not covered by insurance and co-payments. CareCredit is available with 3, 6, and 12 month interest free payments.

All fees for cosmetic services are due in full at the time service is rendered.

In an effort to keep dental costs down while maintaining a high level of professional care we request 24 hours advance notice if you will not be able to keep a scheduled appointment. **A charge of \$50.00 may also be made for broken appointments and appointments cancelled without 24 hours notice.**

We realize temporary financial problems may affect timely payment of your account. If such problems do arise, we ask that you contact us promptly for assistance in the management of your account.

Checks and balances older than 30 days will be subject to an additional billing fee. Balances older than 90 days are subject to additional collection fees and interest charges of 5% per month. Any attorney or collection fees incurred due to delinquency in payment will also be charged to the patient.

Any personal check returned unpaid or with non-sufficient funds will incur a \$30 NSF check fee to help absorb bank charges to our office.

Please feel free to ask any questions that you may have at any time. By signing below you agree to the terms set forth in the above mentioned.

Print Name: _____

Sign Name: _____

Date: _____