

## **Financial Policy**

\*All fees are due at the time of treatment.\*

Our staff will be happy to assist you with these payment options:

- Cash
- Personal Check\*
- MasterCard, Visa, Discover, American Express
- Care Credit

**For our patients with Dental Benefits:** As a courtesy, we will file your insurance claims and provide you with an estimate of your copayment, which is due at time of service. It will be your responsibility to keep this office updated with your current insurance information. Actual coverage is determined at the time your claim is processed by your insurance company. You are advised to have your Employer's Personnel Representative address policy questions you may have. Any unpaid balance is your responsibility.

**Missed Appointment / Late Cancellation Fee:** We value and respect your time and hope you respect ours as well. When an appointment is missed or canceled with less than 48 hours notice, it prevents us from serving another patient in need of our care. As a courtesy, we call, email, or text you (your preference) to confirm your appointments. If you miss an appointment or reschedule without allowing 48 hours notice, there may be a charge of \$85 for the reserved appointment time.

Patient / Guarantor Signature	Date
Patient / Guarantor Printed Name	

<sup>\*</sup>Please note there is a \$35.00 fee for any returned checks.