

# Financial Policy

Thank you for choosing our practice to serve your dental needs. Please read the following and sign and date at the bottom of this form.

As a courtesy to you, our office will file your insurance claims. Your patient portion is due at the time of service. Payments can be made via cash, check, credit card or Care Credit.

Payments made in full at the time of service by check or cash will be honored with a 5% discount.

Insurance coverage is a contractual agreement between you and your insurance company, if your insurance payment has not been received within 60 days from the time of service; you are responsible for the payment in full.

Some of your treatment may not be covered by your insurance carrier; the cost of such charges will be your responsibility.

Major services such as crown, bridges, implants, dentures or partials may require a deposit equal to at least one half of the estimated patient portion at the initial appointment and the remainder when the services are completed.

Failure to show up for appointments may result in a charge for the time that has been reserved for you.

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Signature of Patient or Guardian

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Date