



## FINANCIAL PLAN

Effective August 28, 2015

We are honored that you have chosen our office for your dental care. We are committed to providing you with the best possible treatment. It is our sincere desire to help everyone receive the complete dental care that they deserve. The financial aspect of your care is an important part of your total treatment plan. To avoid misunderstandings about your treatment and fees, good communication between us in the beginning is essential so that our expectations of each other are clear, agreeable, and fair. With this in mind, we are pleased to provide the following options for payment:

- 1) Payment in full each visit. We accept checks, cash or credit cards.
- 2) 5% discount with payment of entire treatment plan, by cash or check, two weeks prior to beginning treatment. Or 2% discount with payment of entire treatment plan if paid by credit card (Visa, MC, Discover, American Express). This discount does not apply when paying for each treatment phase separately.
- 3) Outside financing, with prior approval, thru CareCredit ([www.carecredit.com](http://www.carecredit.com)). They offer no interest options and also extended payment plans with varying interest rates. It can be used as often as necessary, up to your available credit limit.

If we know which type of payment is most convenient for you when you schedule your appointment, we will make every effort to have the necessary forms and applications prepared for you in advance.

### **REGARDING INSURANCE:**

As a courtesy, we will file your dental insurance and we will accept assignment of benefits as long as your insurance company agrees to send payment to out-of-network providers. We will estimate as close as possible what portion your insurance will cover and what your portion will be. Your estimated portion will be due the day of your appointment. If insurance pays less than we estimate, then you will be responsible for the balance. If they pay more than we estimate, a reimbursement check will be issued to you. Please be aware that some, and perhaps all, of the services provided may be non-covered or not considered reasonable and customary under medical or dental insurance. On that note, our practice is committed to providing the best treatment possible for our patients and our fees are based upon that service. We take pride in the quality care we offer our patients and make every effort to have your dental visits with us be as comfortable as possible.

### **MINOR PATIENTS:**

The adult accompanying a minor, or the parents (or guardians of the minor), are responsible for payment. For unaccompanied minors, please remember to make financial arrangements for treatment in advance. You may use the method of payment described above.

### **MISSED APPOINTMENTS:**

**Unless cancelled at least 48 business hours in advance, our policy is to charge for missed appointments.** Please help us serve you better by keeping appointments as scheduled.

### **SEDATION APPOINTMENTS:**

Payment for your total treatment is required to reserve an appointment time with sedation. **A portion of this deposit is non-refundable if the appointment is missed or cancelled without 3 business days' notice.**

### **COLLECTION FEES:**

If payment has not been made on your account within 90 days, you will be liable for any attorney fees, filing fees, court costs, or any fees incurred on your account by the use of a collection agency.

*Thank you for reviewing our financial plan. We make every effort to explain your costs to you and to avoid any misunderstandings so that we can focus on your dental health. If at any time you are unclear as to fees, insurance, or any matters related to your finances with us, please ask. We are here to serve you.*

X \_\_\_\_\_  
Patient/Responsible Party

\_\_\_\_\_  
Date