

## PAYMENT & APPOINTMENT NOTICE

We strive to provide exceptional dental treatment to satisfy each patient's specific need. In order for us to keep cost of treatment affordable for all patients, we ask that every patient pay in full for services the day treatment is started.

### **PATIENTS WITH DENTAL INSURANCE AND THIRD PARTY PAYOR:**

As a courtesy, we will submit an insurance claim on behalf of the patient and accept the assignment of benefits to help reduce the patient's out of pocket expense. This means patients authorize their insurance company to pay us directly. Most insurance plans do not cover 100% of the cost of treatment, we ask the patient to pay their deductibles and an estimated patient portion at the start of treatment. Although we do our best to discuss the treatment cost prior to starting treatment, sometimes we are unable to predict changes during the course of treatment. The patient is responsible for any outstanding balances after insurance payment is received within 30 days of insurance payment. After 30 days, a service and interest fee of 18% APR applies.

We always do our best in the insurance billing process but the responsibility is up to the insurance subscriber to ensure payment is made to us. If after sixty (60) days there has been no payment received from the insurance company, we ask the responsible party to pay. If the patient chooses not to assign benefits to us, we ask that full payment is made when we start treatment. We will assist in providing the patient treatment information required to be reimbursed by a third party or insurance company. After 60 days, a service and interest fee of 18% APR applies.

### **PAYMENT PLAN:**

We offer the convenience of a payment plan available through Care Credit, a credit card that will facilitate your payments over a period of time. Payment is made directly to Care Credit. If you are interested, we will assist you in the application process. This is a very good option to pay for healthcare expenses.

### **CHANGING AN APPOINTMENT:**

Please help us accommodate all our patients by giving us a 24 hour notice for appointment changes. This gives us time to contact other patients who would like an appointment at that time. If a patient does not come to an appointment and we are not notified, there is a Broken Appointment Fee of \$50. Ask us for a courtesy call if you feel you need a reminder and we will gladly call you. Our patients rarely, if ever incur this charge because our goal is to prevent anyone from missing an appointment.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE INFORMATION.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name (please print) \_\_\_\_\_