

***Our Office Policy***

We are committed to providing you with excellent care. In return, we ask that you read our Office Policy to understand the structure we have set up for the delivery and payment of your treatment

**Payment will be due at the time of service.** To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment. Please initial the plan that works best for you.

**Optional Payment Terms**

**A- Full payment at time of service \_\_\_\_\_**

We offer a 7% discount for any treatment over \$1500.00 that is paid in full. We accept Visa, MasterCard, checks or cash. If you have insurance we will file your insurance and tell the insurance company to pay you directly.

**B- Insured Patients \_\_\_\_\_**

Pay a 50% co-pay at the time of service and we will tell the insurance company to pay our office. After that payment has been made any overpayments will be sent to you. If there is still a balance due, you will be sent a statement in the mail and have 30 days to remit payment.

**C- Credit Card Installments \_\_\_\_\_**

We allow (with a signed agreement form and established payment history with our office) a credit card payment option. This allows you to make three equal installments by credit card. One third payment is due at the first appointment with two more payments 30 days apart.

**D- Term Loan \_\_\_\_\_**

We offer three different patient financing options. Care Credit, Springstone Finance and Capitol One. Each option has numerous plans to make it easy to get the treatment you need in a timely manner. Please ask for an application.

**E- Pay in advance \_\_\_\_\_**

You may fill out a monthly credit card payment authorization form. This allows us to charge your card with a pre-determined amount each month. Your total credit can build so you can pay for your treatment before you come in. You may also build up a credit with us for future treatment. This is a great idea for people without insurance.

**Service Charges:** A finance charge of 2.00% per month (24% annual rate) will be applied to all accounts over 30 days past due, including balance out to insurance. We will charge \$25 for returned checks.

**Collection Fees:** Fees or legal costs incurred to collect payment will be billed to, and payable by, the patient.

**I have reviewed and understand the provisions of this Policy.**

***RESPONSIBLE PARTY'S SIGNATURE/DATE*** \_\_\_\_\_