

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.

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.

If you DO NOT have dental benefits (mark one)

1. I would like to pay by cash or check at the time of service.
2. I would like to pay by credit card at the time of service.
3. I would like to apply for a payment plan so that I may take up to one year to pay.
4. I would like to apply for Care Credit Financing so that I may take up to three years to pay.

If you HAVE dental benefits (mark one)

1. I would like to pay my estimated portion by cash or check at the time of service.
2. I would like to pay my estimated portion by credit card at the time of service.
3. I would like to apply for a payment plan so that I may take up to one year to pay.
4. I would like to apply for Care Credit Financing so that I may take up to three years to pay.

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 _____