

FINANCIAL POLICY

In order to eliminate any misunderstanding, which may inhibit our ability to provide you with the highest quality of dental services, we have developed the following policy/explanation as to how your account will be handled. Please read this carefully prior to signing the bottom of this page:

- Non-insurance type accounts are expected to be paid in full at time of service unless prior arrangements are made. As a convenience to you, we accept Visa, MasterCard, and offer an affordable monthly payment plan called Care Credit (requires a short application).
- Insurance benefits will be estimated based on the information obtained from the respective insurance company. **Please understand that this is an estimate only and not a guarantee of benefits.** The account guarantor is responsible for the entire balance regardless of the original estimate of benefits. As a courtesy to you we will delay any assessing finance charges for 60 days on accounts with claims pending. However, if your company requires more than 60 days to process your claim, a finance charge (18% per annum) will be added to any unpaid balance.

Please be aware that your account will be assessed a fee of \$45.00 per 30 minutes of scheduled treatment in the event that any appointments are missed without a 24-hour notice.

A \$35.00 fee will be applied for any returned checks.

Please indicate the manner in which you would like your account to be handled:

1. I will pay by cash, check, MasterCard, or Visa the day of treatment.
2. I have insurance and will pay my estimated portion, including any deductible by cash, check, MasterCard, or Visa the day of treatment. Furthermore, I will pay the remaining balance following receipt of insurance payment.
3. I would like to apply for Care Credit and make monthly payments on my account.

Signature

Date