

## Statement of Financial Policy

We are committed to provide you the best possible care. If you have dental insurance, we want to help you receive your maximum allowable benefits. To achieve these goals, we need your assistance and understanding of our payment policy.

**Payment for services are due at the time services are rendered. No balances will be billed.** We accept cash, checks, Visa, MasterCard, American Express, Discover, and ATM/Debit cards. Payment plans are available upon approval through CareCredit.

Returned checks and balances older than 30 days will be subject to additional collection fees and interest charges of 1.5% per month. **Charges may also be made for broken appointments and appointments cancelled without 48 hours notice.**

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

### You must realize that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not involved in that contract.
2. Most insurance payments on claims are based on an arbitrary average of the fees for a particular region and may not reflect the accurate cost of dentistry in this area. Therefore dental services are covered up to the maximum allowance determined by each insurance carrier.  
This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. **Not all services are a covered benefit in all contracts.** Some insurance companies arbitrarily select certain services they will not cover.

As dental care providers, our relationship is with you, not your insurance company. **While the filing of insurance is a courtesy that we extend to our patients, ALL charges are your responsibility from the date services are rendered.**

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

I HAVE READ AND AGREE TO THE ABOVE TERMS.

Signed \_\_\_\_\_ Date \_\_\_\_\_