

## Payment Policy Acknowledgement

Thank you for choosing our office for your dental care. Our primary goal is to provide our patients the best possible dental care, at an affordable cost. In an effort to provide high quality care to all of our patients, payments for services are due in full at the time treatments/services are completed.

### For the convenience of our patients we offer the following methods of payment

- A. Payment in full by cash, check or bank card
- B. For insurance patients, we are a preferred provider of most major Dental Insurances
- C. Major Services: Partials, Dentures, Appliances, Crowns, Bridges- payment in full with courtesy payment of ½ at initial appointment and ½ upon completion.
- D. Basic/Preventative Services: Fillings, Periodontal Treatment, Extractions, etc. – payment in full after service
- E. We also accept, a 3<sup>rd</sup> party dental financing called **Care Credit**, that allows you to start your treatment now, and make payments over time without incurring interest charges for a contracted period.

**Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered**  
**Account balances that have not received payment in over 60 days will incur a 7% INTEREST PER MONTH**

### It is important that you realize...

- 1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance electronically as a courtesy to you.
- 2. Not all dental services are covered benefit in all contracts
- 3. You (not the insurance company) are responsible to us for all of the fees for services rendered to you
- 4. For patients who have insurance, an **ESTIMATE** of treatment cost will be provided depending on EOB (Estimation of Benefits), and any co-payment is expected to be paid in full at the time services are rendered.

**WE REQUIRE AT LEAST 48 BUSINESS HOURS NOTICE FOR ANY CANCELLATIONS OR YOU WILL INCUR A \$50.00 CANCELLATION FEE**

*We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving care.*

**PATIENT OR RESPONSIBLE PARTY** \_\_\_\_\_ **DATE** \_\_\_\_\_

### CONSENT TO TREATMENT

There are some risks in all dental procedures. Specific risks include but are not limited to infections, swelling, pain, discoloration, and partial or complete, permanent or transient numbness or paresthesia of areas of the oral cavity. Sometimes there are complications that cannot be foreseen. If we are not able to resolve your chief complain, we will assist you in finding a specialist that can accommodate your needs.

Alternative methods of treatment and the consequences of no treatment will be explained. The procedures involved in dental treatment include the use of anesthetics, sedatives and other medications. Changes in any treatment plan will be discussed with you for your approval.

You may ask questions regarding any proposed procedure and the risk involved, and you have the right to refuse any procedures.

**My signature below indicates that I have read and accepted the above statements.**

**PATIENT OR RESPONSIBLE PARTY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_