Financial Options

Our commitment is to provide quality dental care to the entire family through exceptional service and the utilization of advanced technology.

Method of Payment:

* Cash, Check, or Credit Card (Visa, Mastercard)
* Dental Insurance as described below
* Care Credit financing
* **Please note we do not have an in house financing plan and will not take payments on accounts.**

Dental Insurance:

* We are pleased you have dental insurance, and our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer, and the insurance company. We will need you to bring us a copy of your benefit booklet if you would like help interpreting your benefits.
* As a courtesy to you, we will file your insurance and accept assignment of benefits if you have signed the insurance payment authorization. However if payments by your insurance are not received in a timely manner or if your insurance company or benefits change without giving us notification the payment will be your responsibility and any amount received by your insurance at a later time will be refunded to you.
* Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover. It is your responsibility as a patient to know your benefits, as it is a contract between you, your employer and your insurance company.

Related Information:

Returned checks and balances older than 60 days may be subject to additional collection fees and interest charges of 1.5% per month or 18% annually. These additional fees will be applied to the unpaid balance at the end of the month.

In the event that the account is not paid and we refer the account to collections, you will be responsible for all fees incurred for collection of your bill (i.e. Attorney fees, Court costs, and Collection Agency fees).

Your appointment time has been reserved exclusively for you. Any change in your appointment requires a **24** hours notice to avoid a charge of $50.00

I have read and understand the above information. I understand I am responsible regardless of my insurance for any charges incurred from services rendered.

Name_____

Signature_____ Date_____