

## *Policies Regarding Financial Arrangements*

### ***Insured Patients:***

Please present your dental insurance card to the front desk. If your insurance changes, please notify us as soon as possible. Your deductible and estimated co-payment is due at the time of service. As a service to our patients, we will submit your claim to your insurance company. You are responsible for all fees at the time of service that insurance does not cover. You are responsible for any fees that your insurance denies for any reason.

### ***Non Insurance/Cobra/Workmans' Compensation Patients:***

Payment is due at time of service. We can assist in providing you information needed for you to submit to workman's comp or accident insurance for potential reimbursement.

### ***Divorce:***

In cases of divorced parents, the parent that brings the child and completes their medical forms is responsible for payment. We can provide you with copies of receipts to help you get reimbursed.

### ***Payment Options:***

We accept cash, personal checks, credit cards (Visa, MasterCard, and American Express). When paying in full at the time of service when the estimated patient cost is over \$300.00 we offer a 5% courtesy off of that days payment. The courtesy is 10% for seniors (over 65). We also accept Care Credit as a health care financing option with deferred interest for up to 12 months. An application would need to be processed and approved prior to the date of treatment in order to use it at the time of service.

### ***Returned Checks/ Collections:***

We will assess your account \$25.00 for any check returned to us by the bank. The patient also agrees to pay legal and collection fees should their account be delinquent and need to be turned over to our collection agency at which point there will also be a hold on all future appointments.

### ***Missed or Late Appointments:***

So that we may continue to offer convenient appointment times to all of our patients, we ask that if you must change an appointment, you please give us 48 hours advance notice. A fee of \$25.00 will be added to your account if you cancel or fail to appear for an appointment without the 48 hour notice. Also, please understand that if a patient is more than 15 minutes late for an appointment, it may be necessary to either modify or reschedule the appointment due to time constraints.

***I have read the above Patient Agreement and I fully understand my responsibilities as a patient.***

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Patient Signature (or guardian if under 18)

date