

## PATIENT FINANCIAL POLICY

It is our policy to collect payment for treatment performed at the time of service. We accept cash, check, and credit cards. We also will provide you with the following options for payment:

1. Pay in full *in advance* when the treatment is diagnosed and presented to you. Since it requires less administration on our part, should you choose this option, we can offer you a 5% discount on the **treatment plan total if paid in full at the time the treatment is presented.** In the case where you do have insurance coverage, we will file insurance for the portion of the fee that we estimate they will cover, and you will pay the *estimated* balance due. Once payment from insurance has been received, if there is any balance still remaining, it will be billed to you. If the payment from insurance results in a credit balance, this will be refunded to you.
2. Financing. There is a company we work with who provides bank financing to patients specifically for their dental treatment that costs \$300 or more. This allows you to spread out the cost of your treatment over time, with no or low interest charges, depending on which option you choose. This also alleviates the need to collect payment at each appointment, allowing you to proceed with your treatment in a timely manner while making low monthly payments.
  - A. Up to 12 months interest free.
  - B. Extended plans up to 60 months with a low interest rate.

**We require a 25% advance deposit for procedures requiring more than 90 minutes.**

You must then pay the balance remaining when you arrive for the procedure, before going back for your treatment.

We will provide you with a copy of any and all financial arrangements we make with you so that you have them to refer to in the future.

We strive to ensure you are informed of all of our policies and procedures up front, and to make all aspects of your experience with us as comfortable for you as possible. We are happy to answer any questions you might have regarding such policies and procedures now or in future as they arise.

**I understand and agree that all services rendered me, my dependents, or others assigned by me to my account are charged directly to me. I understand I am personally responsible for payment. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all amounts that are at least 30 days past due at the rate of 1.5% per month (18% annual rate). If the account is in default and turned over for collection; I acknowledge that I will be responsible for all reasonable costs associated with effecting collection.**

I have read and I understand the above Patient Payment Policy, and I have been provided with the answers to any questions I have at this time.

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Responsible Party/Patient Signature

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Date