**Financial Policy**

**For patients with dental insurance, payment for non-covered services and insurance co-payments are due when services are provided.**

**Please understand that your insurance policy is a contract between you, your employer, and the insurance carrier. All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental provider, our relationship is with you, our patient, not with your insurance company.**

**As a courtesy to you, we will be happy to file your insurance claims, request pre-treatment estimates, and make inquiries concerning your benefits. We will make every effort to assist you in maximizing your insurance benefits.**

**For patients without dental insurance, full payment is due at the time services are provided. We offer a 5% discount when payment is made by cash or check.**

**We accept cash, checks, Mastercard, Visa and Discover. Outside financing is available through CareCredit upon request and approval.**

**There will be a $25 fee assessed for returned checks. Balances older than 30 days are subject to finance charges at the rate of 1.33% per month (16% annually).**

**Cancellation and Late Arrival Policy**

**We realize there may be times when due to circumstances beyond your control, you may be late for an appointment or have to cancel.**

**Our staff has set a specific time for your dental visit that ensures that you receive the quality of care that you deserve and require. If you are unable to keep your appointment, we ask that you please notify our office *24 hours* in advance of your scheduled appointment. This will allow us to schedule another patient during that time. We understand that unexpected things can happen, but we ask for your assistance in this regard. If you have two broken/missed appointments or if you have two cancellations without 24-hours notice, our office reserves the right NOT to schedule any subsequent appointments with you.**

**Arriving late for any service may require us to change treatment scheduled for that day, or reschedule for another day and time.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**