



FINANCIAL POLICY

Our philosophy in serving people is to be informative, honest and forthright. Clear communication concerning financial arrangements is necessary for a healthy relationship. This Policy is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. If you have any questions or concerns about our Financial Policy, please do not hesitate to ask our business office staff.

PAYMENT POLICY

- Full payment is due at the time of service.
- We accept Cash, Checks, Debit cards, MasterCard, Visa, American Express and Discover
- For those who qualify, we also accept Care Credit which offers no interest financing for up to twelve months.
- We also offer financing through Lending Club with extended payment plans.

DENTAL INSURANCE

As a courtesy, we will gladly file your claims and accept assignment of dental insurance benefits. Your policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract.

You are responsible for our fees and not what your insurance company allows or considers “usual, customary and reasonable” all of which can vary from one company to another.

Although we may estimate your insurance benefits, we are not responsible for their accuracy. Knowledge of benefits as well as amounts, limitations, exclusions, waiting periods, etc. is YOUR responsibility. We will assist in that understanding, but receiving our services indicates your acceptance of responsibility to pay regardless of our estimate.

After dental insurance has paid its portion, a statement is sent for the remaining balance, which is due upon receipt. Initial _____

RETURNED CHECKS/UNPAID BALANCES

Vaca and Kirby Dental charges \$35 for returned checks. In the case it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges up to 35%. Initial _____

MISSED APPOINTMENTS

We feel our patient’s time is valuable. When your appointment is made, a room is reserved, your records are prepared and all is made ready for your appointment. In order to be respectful of other patient’s needs, a missed appointment will be subject to a \$50 cancellation fee. That fee is waived with 24 hour notice during OUR REGULAR business hours. Initial _____

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY

DATE: _____ SIGNATURE: _____