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### **FINANCIAL POLICY**

***Payment is requested at the time of service.***

We gladly accept cash, check, MasterCard, Visa, Discover and American Express.

We also accept most insurance plans, with the following conditions:

- a) We are made aware of any changes in your coverage or benefits.
- b) A payment is made in the amount of the estimated co-payment at the time of service.
- c) We ask you to remember that the dental insurance coverage you carry is an agreement relationship between you and the insurance company. We do not want treatment to be decided or dictated by insurance coverage but by what is best for your oral health.
- d) All will be done to help you obtain the maximum insurance benefits available but the final responsibility for payment rests with the patient, not the insurance company.

We offer fee discounts as an added courtesy to services where insurance benefits do not apply.

- a) PRE-PAYMENT DISCOUNT – This discount is payable prior to the day treatment is started and available for full payment only. In addition, any unpaid balance must also be paid prior to qualifying for the discount. For services of \$250.00 or greater, a 5% discount will be given when payment is made by cash or check. When payment is made by MasterCard, Visa, Discover or American Express, a 2% discount is extended to the total.
- b) SENIOR CITIZEN DISCOUNT – A discount is given to our patients over the age of 65. When payment is made by cash or check, a 10% discount is applied. A 5% discount is given for payments made by MasterCard, Visa, Discover or American Express.

We work with Capital One Dental Fee Plan and Care Credit to arrange payment plans that fit your budget. These include some interest free options.

When an account is more than 60 days past due, a 1.5% per month, 18% per annum interest charge will be applied. There will also be a \$45.00 fee added to your account for any check that has been returned for insufficient funds. (Fee may change as bank service fees change.)

I have read over the above financial policy and sign below in acknowledgement of receiving this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_