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**FINANCIAL POLICY ACKNOWLEDGEMENT**

The following information is to inform you of our financial policy. If, at any time, you have any questions regarding this policy, please do not hesitate to ask any member of our team.

We are committed to providing you with the highest quality of care. Our fees are a reflection of the quality of care we provide. We continue our commitment by offering a variety of financial options to enable you to receive the dental care you need. We accept cash, check, VISA, MasterCard, Discover and American Express. We have also partnered with a third-party company, Care Credit, to offer the flexibility of deferred interest and extended payment options. (*Check policy: If your check is returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of $50.)*

We will communicate all recommended treatment options and associated fees prior to start of treatment. We will do our best to estimate what each insurance company will cover. It is your responsibility to verify that we are a preferred provider on your insurance. As a courtesy to our patients with dental insurance benefits, we will submit your claim and provide any necessary information to assist you in receiving your dental benefits. We require that any applicable deductibles and estimated patient portion be paid at the time of treatment is rendered.

Please contact your insurance carrier prior to your visit to obtain essential information which will accurately reflect your coverage. Providing us with this information will expedite the processing of claims.

We are committed to respecting your time and will make every effort to keep your appointment time reserved exclusively for you. We understand there may be times when you are unable to keep your scheduled appointment. Should you find it necessary to reschedule an appointment, please provide us with a notice of two business days (48 hours).

***Important Facts about your Dental Insurance***

• Dental Insurance is a contract between the patient and the insurance company. It is a benefit to assist you with the cost of dental care. At no time should insurance benefits compromise your doctor’s diagnosis or affect your choice of treatment.

• It is your responsibility to understand the type of dental insurance you have (i.e., Traditional, PPO, or DMO), and the benefits selected by you and/or your employer.

• You (not the insurance company) are responsible for the fees of services rendered.

**Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**