



OUR FINANCIAL POLICY

Thank you for choosing our practice as your healthcare provider! Our office is dedicated to providing optimal care for every patient in the most economical way possible. The following is a statement of our financial policy. Please read it and let us know if you have any questions.

OPTIONS FOR PAYMENT OF TREATMENT:

1. Non-Insurance Patients:
Payment is expected at time of service for treatment performed that day unless prior arrangements have been made. For your convenience, we accept cash, personal checks and all major credit cards.
2. Insurance Policy:
 - a. We will file an insurance claim on your behalf as a courtesy to you; however, you must supply, prior to treatment all the necessary information for filing.
 - b. Any deductible as well as any estimated percentages your insurance does not cover, are to be paid on the date of treatment.
 - c. It is the patient's responsibility to know the details of the insurance coverage, including percentages payable, waiting periods, deductibles, yearly maximums, services not covered by the plan, and any other related information.
 - d. If your insurance company has not paid their liability in full within 90 days, the balance then becomes the patient's liability.
 - e. Your insurance policy is a contract between you and your insurance company and the financial responsibility for your treatment is yours whether the insurance company pays or not.
 - f. We do offer to file a prior approval insurance claim for any work that needs to be done prior to your appointment to ensure accurate insurance payments. However, this is not a binding contract with your insurance company and they will decide payment on receipt of claim.
3. Finance charges of 1.5% per month will be applied to balances over 60 days
4. Long term payments may be available. We work with CareCredit to provide interest free financing to our patients.

Again, please feel free to ask any questions that you may have regarding this policy. We are most willing to help you in any way that we can.

I HAVE READ THIS FINANCIAL POLICY AND UNDERSTAND AND AGREE TO THE TERMS

X _____ (Signature)

DATE: _____