



FINANCIAL POLICY

Our office is committed to providing each patient with the highest quality of care and service you deserve. A clear office financial policy and agreement with our patients is an important part of this service! Please review our financial policy and acknowledge with initials and a signature at the bottom. If you have questions, please feel free to ask.

- 1) Fees are quoted during the consultation or prior to treatment. Once a quote is given, fees will only change in cases as follows:
 - a. If the patient’s inability to keep scheduled appointments results in prolonged and/or different treatment.
 - b. If the procedure/treatment changes due to undetectable decay or fracture.
 - c. If the patient’s insurance declines or changes reimbursement fees.
 - d. Fees are valid for 3-months.

Initial _____

- 2) Payment is due at time treatment is rendered.
 - a. Our office accepts cash, check, MasterCard, Visa, Discover, American Express, PayPal and certain insurance plans.
 - b. Our office does not accept in-office financing options.
 - c. We offer financing programs through Care Credit. Please ask our team for information and an application.

Initial _____

- 3) We require 48-hours advance courtesy notice if you will be unable to keep your appointment. We do understand that emergencies beyond your control do occur, and we will take those into consideration. However, depending on the nature of the cancellation, failing to provide us with this courtesy may result in a charge to your account.

Initial _____

- 4) Returned checks shall be subject to a return check fee of \$25.

Initial _____

- 5) In the event it becomes necessary to take legal action to enforce this policy or to collect any fees for professional services completed according to this policy, the patient and/or financially responsible party shall be liable for all related costs and fees.

Initial _____

My signature below indicates that I have read and understand the Financial Policy of this office.

Signature of Patient and/or Financially Responsible Person

Date