

# Financial Information

## Appointment Changes

Because we want to honor our patients' time (both yours and the other patients seeing us that day) and because our providers have many other patients they need to see, if you are 10 minutes late for an appointment, you may be asked to reschedule. If you are unable to make your appointment, we do **require 48 business hours'** notice. Failure to provide such notice will result in a **\$100.00 cancellation fee**.

## Dental Insurance

As a courtesy to all of our patients, we accept most insurance plans and submit claims to these plans on your behalf. It is important that we have accurate and complete information about your insurance coverage. Every effort will be made to provide you with an accurate estimate of your insurance benefit before your treatment. However, this number will be an estimate. In the event the insurance company does not remit the estimated benefit, it is your responsibility to pay for all services provided and not covered by insurance. This includes amounts denied or not covered by your insurance plan. If we have not received your payment from your insurance plan by 30 days after the date of service, or if the insurance plan has denied in full or part, we will bill the balance to you.

## Treatment Estimates

We strive to give you an accurate estimate of the total investment for the recommended treatment. Occasionally, additional treatment may be recommended based on a change in your dental condition or on other unforeseen factors. If additional treatment is necessary, we will inform you at the time it becomes apparent so that you can make an appropriate decision. Payment for additional services rendered will be due at the time of treatment.

## Payment Options

Payment in full is due at the time of service. For your convenience, we accept cash, checks, Visa and MasterCard and health savings accounts; in addition, we offer payment plans through Care Credit with options for no interest or extended payments up to 5 years. Checks returned for insufficient funds will be charged \$35.00. The payment of copays, deductibles, and non-covered services is expected at the time of service.

I have read and understand the financial information above.

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Full Name

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Signature

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Date