

PAYMENT POLICY

We provide the highest quality dental care and do everything we can to make treatment affordable.

Your payment for services or an insurance copayment is due when you receive services, unless you arrange otherwise with our office in advance.

We offer the following payment options:

- 1. Payment in full at the time of your visit** — We accept cash, check, or credit card (Visa, Mastercard, or Discover).
- 2. An insurance copayment at the time of your visit** — We accept cash, check, or credit cards for your copayment.
- 3. Insurance company billing** — We are happy to send a cost estimate to your insurance company (or companies) before your appointment and bill them after your treatment.
- 4. Payment through a Care Credit card, with no or low interest** — No down payment is necessary. This payment option is available only for services that result in an invoice over \$300. We will give you a Care Credit card application if we schedule such services.

If you have dental insurance:

- We are happy to process your insurance claim as a service to you at no charge.
- We cannot guarantee that your insurance company will cover the entire cost of your treatment. You are responsible for knowing your insurance benefits and paying any balance that remains after we receive payment from your insurance company. We ask that you leave a credit card number on file with us to cover any balance that may remain after your copayment and your insurance company's payment.
- Any fee estimate we provide for services is only an estimate; the actual fee may vary from the estimate, and you are responsible for all fees in their entirety.
- Our fees reflect the amount of time the doctor and staff spend with patients as well as the excellent quality of care we provide; they are not based upon any insurance schedule, and they may be above your insurance company's allowances.
- You are fortunate to have dental insurance that helps with the cost of treatment. If your insurance company's benefit for our service is less than you expected, you may wish to speak to your company's benefits representative.

Thank you in advance for your cooperation.

Please ask us any questions you may have. We are glad to be of assistance.

We are committed to helping you receive the dental care you deserve and the most pleasant dental experience possible.

I have read and I understand this payment policy.

SIGNATURE: _____ **DATE:** _____