

# Financial Options

## Alternatives Appointments and Financial Obligations

Welcome to our practice. Please take a moment to read over our Appointment Information and Financial Options. Your understanding our appointment and financial options will allow us to concentrate on your dental work. Our office provides quality dentistry and many treatment alternatives.

## Appointments

Our office performs a new patient/periodic exam at every Hygiene appointment. Diagnosed procedures are recorded in your treatment plan. Fees associated with procedures are dependent upon your insurance plan, or if no insurance, our standard fee list. Insurance fees and our standard fees may adjust each January. If you received a treatment plan from the previous year, fees may have changed with the passing of a new year. Please ask our front desk staff if fees have changed. We have two full time Hygienists. If you prefer to have the same Hygienist, please inform our front desk staff for future appointment scheduling. If you do not have a preference, we will schedule you with either Hygienist.

## Financial Options

Before starting any dental treatment, we will explain your treatment plan and the associated costs. We will ask that you sign the treatment plan to document our office explaining the treatment/costs. Signing your treatment plan does not obligate you to do any work. The purpose is only to document that you were provided the plan and are aware of the fees should you decide to begin work during the calendar year.

## Patients with Insurance

If you have dental Insurance, we will provide you with your estimated co-payment for each treatment, as well as an estimate of what your insurance will pay. However, we do not provide a 100% guaranty of insurance company payment. Each company is different, and the decision to pay is theirs. Please be aware that the contract of insurance is between you and your insurance company. We will do our utmost to provide you with accurate estimates. While we only charge what your insurance company allows, if for some reason they do not pay for a specific procedure, it is important to understand that you will ultimately be responsible for the final bill. If you prefer to be 100% sure of the insurance company payment, we will send a pre-determination to your insurance company. It usually takes anywhere from three to eight weeks for them to reply. Estimated co-payments are due the day of the treatment. Our office does not bill for co-payments, or extend time payments. We will only bill the Insurance Company for their portion. Should you require denture(s), partial(s), or crown(s), your full co-payment will be due at the first visit, which is the impression, and when any associated lab work begins.

## Patients without Insurance

For clients without insurance, full payment is due the day of treatment. Should you require denture(s), partial(s), or crown(s), your full payment will be due at the first visit, which is the impression, and when any associated lab work begins.

## Payment Options

We accept Visa, MasterCard, American Express and Personal Checks. We are pleased to offer our patients an extended monthly payment plan option through Capital One Healthcare Finance or through Care Credit. Please see our front office staff for more details on how to apply for these options. There is a \$25.00 service charge for

# Financial Options

returned personal checks. If a check is returned unpaid, Cash, Credit or Cashier's Checks are required for any future payment to the office. We will require a copy of your driver's license or other picture ID to insure proper identity for all patients. Our appointment information and financial options are designed to keep our fees as low as possible. Our goal is to stay competitive and offer the best quality dental care to everyone. Please help us achieve our goal by a mutual respectful relationship with you. Please do not hesitate to ask our staff for anything that might make your visit more enjoyable.

**I have read and understand the above appointment information and financial obligations.**

---

**Patient Signature and date.**