



Financial / Cancellation Policy

We are committed to providing you with the highest quality dental care utilizing only the best materials and technology available.

Dental Insurance:

Our office is happy to cooperate with our patients who are covered by dental insurance. However, it is your responsibility to inform us when your policy changes, so we can bill the correct insurance company. We also ask that you read your policy thoroughly so you are fully aware of the benefits provided and the limitations imposed. In order to provide you with optimal treatment, each patient is treated according to their individual dental needs; **we do not diagnose according to your insurance plan benefits.** Payment of estimated patient portions and deductibles are due at the time treatment is rendered.

All incurred charges are ultimately your responsibility, regardless of insurance coverage. Your employer and the insurance company negotiated a contract that "our office" was not involved in. We DO NOT control how your benefits are paid or your contractual limitations. We will do all we can to maximize your benefits and do whatever we can within our control to get them to pay.

Payment Options

1. Payment in Full: We accept all major credit cards, cash and checks.
2. Deductible and Co-payment at Start of Treatment: (With applicable valid insurance coverage). Please be advised the co-payment is an estimate only.
3. Half on Restorative Preparation Appointment/Half on Delivery Appointment: ½ of your payment due on start of treatment and the balance when an applicable lab case (crown, bridge, prosthesis and/or appliance) is delivered.
4. 0% Interest Dental Fee Plan (Care Credit): Credit with approved application, no initial payment and the fee is paid in full to our office via Care Credit and the patient makes the monthly payment directly to Care Credit.

Cancellation Policy

We are proud of the quality of patient care we provide. We try our best to respect each patient's time and we ask the same from you. Because we will not compromise the service and quality of patient care, we reserve a room for your particular needs. We ask that if you must change an appointment, please give us at least **48 hours notice.** This courtesy makes it possible to give your reserved room to another patient who would like it. We try to keep our fees at reasonable rates and the cost incurred with a missed appointment makes it difficult to do so. If it's challenging to keep the scheduled appointment, please let us know so arrangements to make it more convenient can be made. Letting us know your personal preferences can help us best serve your needs.

Patient / Guardian Signature _____ Date: _____