



## **FINANCIAL POLICY**

*Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome, and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan, as well as, our financial policy.*

### **FINANCIAL AGREEMENT:**

- Patients are expected to pay for our services at the time they are rendered.
- Our patients with dental benefits are expected to pay the amount of their estimated co-pay and deductible at the time of service.
- Partial pre-payment is required for certain procedures. We anticipate that 50% of the procedure fee is paid at the time of scheduling your treatment and 50% at the time that treatment is rendered.
- All forms of payment are accepted
- We strive to help our patients by offering financing options. We have partnered with *Care Credit* to extend to our patients interest-free financing up to 12 months for services over \$1000. Lending Club is another excellent solution for those needing a low-interest, lower monthly payment.
- We understand that there are times when procedures NOT included in the original treatment plan may be needed during the course of treatment. There may be additional fees associated with those procedures.
- We will always inform our patients of all necessary treatment and the associated fees.



**OPTIONAL PAYMENT TERMS:**

**Full pay check/cash discount:**

We offer a 5% courtesy discount for all services over \$1000 when the balance is paid in full prior to the commencement of treatment.

**Full pay credit discount:**

We extend a 3% courtesy discount for credit card prepayment for services over \$1000

**Interest-free or low-interest financing options:**

*Credit and/or Lending Club* offer our patients, upon approval, either an interest-free term loan or low interest payment plan with no down payment, no annual fee and no prepayment penalty. We will be glad to help you in applying for these options.

**Dental Benefits:**

As a courtesy to our patients with dental benefits, we submit claims to your insurance company even if we do not participate directly with your plan. We are happy to help all of our patients to receive the maximum allowable benefits. In order to do this efficiently, we ask that you present your dental benefit card and/or insurance policy with you on your first visit of every calendar year.

Patient's name: \_\_\_\_\_  
(please print)

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_\_