

Today's Dental Financial Policy

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

Optional Payment Terms:

1. **Full Pay DOS Cash Discount:** We offer a 5% accounting courtesy for all treatment paid in full at the time of service.
2. **Major Service - Two Payment Option:** We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your co-payment at the first appointment and the second half at the insert date appointment.
3. **Credit Card Payment Option:** We allow (with a signed agreement form and established payment history with our office), a Credit Card Payment Option, which allows you to make 3 equal installments by credit card. One-third payment is due at the first appointment, one-third is due 30 days later, and the remaining one-third is due sixty days from the initial appointment. Our office personnel will charge these payments to your credit card on the due dates.
4. **Term Loan:** By arrangement with Care Credit, we offer our patients, upon approval, an interest-free term loan (up to 6 months) with no down payment, no annual fee, and no prepayment penalty. Please ask for an application.

Payment is expected at the time services are rendered. We accept cash, checks as well as Visa, MC and Discover cards.

A finance charge of 1.5% will be issued on balances outstanding over 60 days from date of service.(18% annually).

Broken appointments: A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a \$25.00/hour cancellation fee.

I hereby understand and accept the terms of the above described payment policy.

Signature of patient

Date