

PATIENT FINANCIAL AND INSURANCE POLICY

1. Payment is due at the time of service. **Our office will no longer carry account balances.** We accept cash, check, MasterCard, Visa or Discover.
2. For extensive treatment we offer extended financing through Wells Fargo Financial. This is available to support you in having optimal treatment when you need it. Prior to any treatment please notify the front desk if you are interested in extended financing. In the event that an account balance is older than 90 days, formal action to collect will be initiated. You will be responsible for a 50% collection fee and any other fees incurred in the collection process of your account.
3. A \$30.00 NSF fee will be charged for all returned checks.
4. Fees quoted are accepted for 90 days.
5. Excessive cancellations along with broken appointments will be subject to a broken appointment fee of **\$50.00. A 48 hour notice is required.**
 - Your insurance is a contract between you, your employer, and your insurance carrier. We are not a party to that contract. If you have a problem with your insurance coverage, we ask that you speak directly to your insurance company. We do not base your diagnosed treatment on your insurance coverage. We base it on your needs and desires. We take pride in the quality of care we offer our patients, and make every effort to have your dental visits be as comfortable as possible.

Please supply our staff with a copy of your insurance card. Our staff can only **estimate** your co-payment and deductible based on information your insurance company provides to us. This amount will be due at the time of service. The amount an insurance company pays varies greatly. If they pay more than expected we will credit your account or refund you. If they pay less, we will invoice you for the balance. Balances older than 90 days will be subject to interest charges of 1.5% per month.

We make every effort to explain your costs to you and to avoid misunderstandings so that we can focus on your dental health. If you have any questions please ask. We are here to help you.

- I have read, understand and agree to abide by this policy. I have been given the opportunity to receive a copy of this document.

Signature _____ Date _____