**Our Financial Policy**

**Dental Insurance**

As a courtesy we will gladly file your dental claims and all necessary forms to insure that you receive the full benefits of your coverage. The insurance relationship constitutes an agreement between you and your insurance carrier. As such, we make no guarantee of estimated coverage or payment. All charges not paid by your insurance carrier are your responsibility regardless of the reason for non-payment. Not all services we provide are covered benefits. Dental benefits differ from one company and one policy to another. Once your insurance has paid its portion, a statement will be sent to your for the remaining balance.

**Self-pay Patients and Patients who receive Insurance payments directly**

***Payment is expected at time of service.***

We happily accept cash, checks, or all major credit cards. We work with Care Credit for all of those patients that find it difficult to pay at time of service. We will be happy to discuss with you Care Credit and its benefits. We do have some patients whose insurance companies pay them directly. If that is the case with your insurance company we will continue to file for your benefits but require that you pay at time of service. Your insurance company should be sending you a check within two or three weeks from the date of service. If you have not received your check after a month from the date of service, please call us so we can follow up with your insurance company for you.

**Payment Plans**

For larger treatment plans we do offer an extended payment option. Once a treatment plan has been proposed and accepted, you will sit down with our front office to discuss the best payment option for your situation. You will be required to sign and adhere to the agreed payment schedule until your balance is paid in full. Patients on a payment plan will be unable to charge any additional services without a new payment plan agreement. If a payment is missed, our office reserves the right to collect the remaining balance in full immediately.

**With my signature below, I acknowledge that I have read the financial policy outlined above, understand and accept my responsibility as outlined therein.**