

Payment Policies

For the Insured:

- Payment of 20% is due at the time of service for any basic restorative treatment.
- Payment of 50% is required for major restorative treatment.
- Please note that due to the many variations in insurance policies and benefits, it is impossible for us to always know your specific benefit and plans. We suggest and would be happy to file a pre-estimate of benefit for any non-preventative treatment recommended, which will inform you of your specific benefit for the specific recommended treatment.

Preventative Care Appointments:

- Our clinic, recognizes that bitewing images taken on an annual basis, and a full mouth series of images taken on 5 yr. intervals is the current standard of care. Intervals longer than this can undermine the prevention aspect of your care. Based upon your best interest, as well as the standard of care, we will recommend and take images at these intervals. **Unless a different interval is decided upon between you and your dentist.** Insurance benefits may differ from this. It is your complete responsibility to understand your benefits and you are personally liable for treatment rendered.

For the Uninsured:

- Payment in full is due at time of service by cash/check or Visa/MC. A 5% discount is available when using cash or check only.
- Care Credit, an external finance company, is also available

Payment Plans:

- Payment plans may be taken into consideration for those needing extensive treatment. All payment plans and accounts 30 days past due are subject to a 15% APR finance charge.
- If account is not paid and has to go to collection, you will be charged the collection fee which will be between 25-40%.

By reading and signing this document you understand and are aware of your responsibility for your dental care, and that the services you receive may or may not be covered by your insurance. As a result you will be held responsible for all services and co-payments that are not covered by your insurance for yourself and your dependent's.

Signed: _____ Date: _____