**Financial Policy**

**Payment Policies**

We will work with you to devise a method of payment that works for both of us. Payment is expected at the time of service. To assist you we provide the following payment options:

* Cash-includes money orders and personal checks. All returned checks would be charged a fee of $25.00
* Visa/Master Card/Amex- we accept credit cards as payment for treatment
* Care Credit-patient payment plans that allow you to pay over time with low minimum monthly payments

**Insurance Policies**

You are responsible for understanding your insurance policy, including annual maximums, deductibles, and copayments. We only participate with Delta Dental, although we submit to many insurance plans. Please be aware of your plan’s terms regarding in or out of network providers. We can help answer questions as needed.

As a courtesy, we will submit to your insurance company and try to maximize your coverage through detailing of procedures and interactions with your insurer. We do our best to estimate your portion, which is **due at the time of service.** Remember, this is just an estimate and you may have additional charges depending on your insurance plan.

If your insurance reimburses you directly (versus sending the check to the office) you may be required to pay in full at the time of service. We will discuss this with you at your first appointment.

If insurance has paid in full and you still have an existing balance with the office, you will receive a bill which will be **due within 30 days** of the date of service

If an account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account.

**Cancellation Policy**

If you find the need to reschedule your appointment, kindly give our office at least **24 hour notice**, so we may accommodate another patient who may be waiting for an appointment. Any cancellation or no show for an appointment without required 24 hour notification may be subject to a $**40.00 fee**.

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