

## Payment Policy

Patient Name: \_\_\_\_\_

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

### Non Insurance Patients

1. Payment for services are due at the time of treatment.
2. All accounts are due within 20 days of receiving a statement.
3. If other financial arrangements are needed, please see below.

### Insurance Patients

1. Patients who carry dental insurance should remember that professional services are rendered and charged to the patient and not to the Insurance Company.
2. Our Office, as a courtesy, will file your insurance, but cannot accept responsibility for collecting your insurance claim or negotiating a settlement on a disputed claim. **You are responsible for your own account.** Any outstanding balance that remains 60 days after the claim has been sent to your insurance company must be paid in full by the patient.
3. Insurance deductibles and co-payments are due at the time of treatment. We will provide you with the best estimated amount we can give. We will then send the rest to your insurance company and once the claim has been settled you will owe any remaining balance.

### Financing

1. Visa and MasterCard are accepted.
2. As a service to our patients we offer longer term payment options. These plans are administrated through Care Credit and Compassionate Finance require an application and approval from the company.

### Collections

1. If your account is not paid in full in 90 days it will be subject to be sent to collections.
2. A \$50 processing charge will be added to any accounts sent to a collections agency.

Patient/Parent Signature \_\_\_\_\_

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