Patient Financial Responsibility

1. Payment in full is expected on the day in which services are rendered. We accept cash, checks, Visa/MasterCard and Care Credit. All credit card payments will be assessed a 3.5% surcharge. There is a $50 charge on all returned checks.
2. All co-payments, deductibles and non covered services must be paid in full at time of service.
3. As a courtesy to our patients, we verify benefits based on the information given to us. Our office is unable to provide exact co-payments until receipt of payment is received from your insurance company. If the insurance company pays a lesser amount, or denies the claim, the patient will be responsible for the difference. If the insurance company pays more than the estimate, the patient will be sent a refund check. Estimates may not include dental work that was recently completed or submitted by another dental provider.
4. Our office submits claims to your insurance company as a courtesy service to you. Services rendered that are not covered by your insurance plan are the patient's responsibility. It is important to know what services your insurance plan covers; we take no responsibility to know what services your insurance plan covers. Any unpaid balance that remains after the insurance payment is received is the responsibility of the patient.
5. A monthly service charge of 1.5% will be assessed to all outstanding balances after 30 days.
6. Accounts over 60 days past due may be referred to a collection agency and such accounts may be reported to a national credit agency. If your account is sent to a 3rd party for collection, you will be responsible for a $50 fee added to your balance and any additional collection and/our court costs.
7. If you request a copy, or transfer, of your dental records there will be a $50 processing fee.
8. No Show/Cancelled Appointments. If an appointment is made and the patient does not call to cancel the appointment 24 hours prior to their appointed time, there will be a $50 cancellation fee. Our office does not accept cancellations or changes in appointments by voicemail or email.

Patient name printed:

Patient signature:
(If patient is under 18 years of age, we need signature of parent/legal guardian)

Today's date: