



Financial Policy

We are committed to your treatment and experience here being successful. Please understand that payment of your bill is considered part of your treatment and is beneficial in keeping costs down for our patients. Payment for services rendered is due following your appointment regardless of insurance status. We accept cash, check, or Visa / Master Card.

Regarding Insurance

We are not contracted with or a participating provider for any insurance company. Our feeling is that insurance companies may influence treatment based on the type and amount of services for which they will pay. We make our recommendations for treatment based on what is best for the health and wellness of the patient, not what is covered or not covered by a particular insurance company.

We accept and submit all forms of dental insurance. As a courtesy to our patients with insurance coverage, we will submit all insurance claims for you. However, it is still the patient's responsibility to know and understand their individual insurance coverage. While we are considered "out of network" for insurance companies, we still accept all insurances and our fees are well within the range charged in the area.

Patient Financing

In an effort to keep costs down for our patients, we do not offer in house financing or payment plans. You may apply for payment plans through Care Credit. More information on Care Credit is available through our front office.

Initial Visit

Regardless of insurance status, the fee for the first visit will be requested at the time of service.

Should you have dental insurance, our office will submit any claims on your behalf. Any payment collected from insurance will either be refunded (if no further treatment is necessary) or the credit can be used toward future co-insurance on treatment.

Missed Appointments

Appointments are made and times saved specifically for you and your family members. Please give us advanced notice (at least 24 hours) if you are unable to keep a scheduled appointment. Cancelling an appointment with less than 24 hours notice or repeated failures to keep appointments may result in charging for missed appointments or dismissal as a patient.

Same Day Payment Courtesy

A 5% discount is offered to our patients who pay in full at the time of service.

Interest

We reserve the right to charge interest in the amount of 1.5% each month as provided by state law.

I have read the Financial Policy of the Family Dental Care Clinic. I understand and agree to the terms of this policy.

X _____
Signature of Patient or Responsible Party

Date _____