



Financial and cancellation policy

This Agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the highest quality dental care using the only the best material and technology available today. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract.

As a courtesy to you we will process all of your insurance claims. However, please remember that eligibility and benefits quoted by your insurance company are not a guarantee of payment. It is your sole responsibility to verify the insurance network participation of the provider and their coverage of the services that will be rendered to you. We cannot guaranty any coverage even after verifying with insurances since their rules, regulations and limitation are not in our control.

The fee for our services are due at the time of the service. For larger cases, 50% of the patient portion is due at the start of treatment, and remaining balance will be charged as the treatment proceed and the balance needs to be paid off before the conclusion of the treatment. Your estimated co-payment for treatment, which is the amount not covered by your insurance, is due at the time service is provided. Your co-payment may be adjusted after the time of payment. Please keep in mind you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated. Entire balance will be due no later than 30 days after service is rendered.

Hereby you are allowing us to charge any unpaid balance to the credit card on file. Any amount still due is subject to interest, collection cost, court cost and attorney fees. If an insurance company pays more than anticipated creating a credit for the patient, we are happy to either refund the patient or leave a credit on the account to be applied towards future treatment.

Our office accepts cash and all major credit cards. Any account over due after 30 days will have a \$10.00 monthly billing fee. We strive to accommodate the scheduling needs of our patients, and we will make every effort to keep your schedule on time. Failure to provide us with a three business days' notice or failure to show up for a scheduled appointment will result in a cancellation/ no show fee of equal to the proposed scheduled treatment which could range between \$50 to \$200 based on the length of the appointment.

We thank you for your cooperation and understanding.