



FINANCIAL POLICY

Welcome! Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

Patients with insurance coverage:

Please be sure to give a current copy of your insurance card along with your ID number and/or social security number to our front office staff so that we have a copy in your file for insurance claim processing.

The estimated patient co-pay and deductible for the treatment rendered must be paid in full prior to or on the day of service. Please understand that you are ultimately responsible for all fees generated by your treatment.

As a courtesy to our insured patients, we will be happy to help file your dental insurance claims. However, please remember that your dental insurance policy is a contract between you, your employer and the insurance company. We are not a party to your insurance contract. Therefore, any payment total that is not received from your insurance after 60 days from the treatment date will be due in full from you. You will then have to obtain reimbursement directly from your insurance company. Please understand that we cannot accept responsibility for collecting on your insurance claim or for negotiation of disputed claims between you and your insurance company.

Patients without insurance coverage:

The fee for treatment rendered must be paid in full on the day of service unless other arrangements have been previously agreed upon.

We accept Visa, MasterCard, American Express, checks and cash for payment of the amount due.

We also offer CareCredit for those who qualify, which provides payment plans. (Ask for an application.)

A 5% courtesy discount is offered for full payment with cash or check, paid in advance or on same day of service.

A \$40.00 fee will be incurred for a returned check due to non-sufficient funds.

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 24 hour notice for any appointment change, so we are able to offer that reserved appointment time to another patient that requires our dental care services. We reserve the right to charge \$75.00 for a missed appointment.

I have read and agree to the terms and conditions of the above financial policy. I understand that this document is now a permanent agreement for as long as I am a patient of Dr. Corey L. Plaster and/or Dr. Rudyard G. McKennon.

Signature

Date