



### **OUR FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is our office policy.

Full payment is due at the time of service

We accept:

CASH – CHECK – VISA – MASTERCARD – DISCOVER – AMEX

All treatment must be **paid in full** at time services are rendered.

**All treatment plan fees are valid for 90 days after receipt.**

**REGARDING INSURANCE** – We may accept assignment of insurance benefits when your actual treatment begins. Examinations, consultations, maintenance visits, and surgical appointments are to be paid for at the time of the visit, and insurance will be filed for your direct reimbursement. In order to file your insurance for you, we require a **completed, signed form** and all other pertinent information (policy number, social security number, etc.). Please note, we **DO NOT** submit to medical insurance carriers. Furthermore, we have **opted out** of the Medicare program and claims **CANNOT** be submitted by our office or yourself. Please inquire for additional information.

We will submit a pre-treatment estimate to determine your coverage for your treatment **upon request.**

Your insurance policy is a contract between you and your insurance company.

**WE ARE NOT PARTY TO THAT CONTRACT**

UCR (Usual and Customary Rate) – Our practice is committed to providing the best treatment possible and we charge what is reasonable and customary in our area. You are **responsible for payment in full** regardless of any insurance company's arbitrary determination of usual and customary rates.

**MINOR PATIENTS** – The parent accompanying a minor patient is responsible for the payment of the account.

**MISSED APPOINTMENTS** – Unless cancelled at least 24 hours in advance, our policy is to charge a fee of one half of that missed appointment. **We require 5 business days notice to reschedule or cancel surgical appointments without incurring a fee, and charge half of the surgical fee if notified less than 5 business days.** Please help us to serve you better by keeping scheduled appointments.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_