

Dental Financial Policy

Introduction: Welcome to our office! We are committed to providing you with the best dental care and are happy to discuss any concerns you may have at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about your care, our fees, this letter or scheduling.

General Information: We accept all major credit cards (with the exception of *American Express & Discover*), checks and cash. We do have applications available for *CareCredit*, a type of Medical/Dental/Vision service credit card. We can call in the information you provide us on the application and get an immediate approval/denial. If you are interested in applying for *CareCredit*, you should let us know prior to your first treatment visit. Parents are responsible for arranging payments for unaccompanied minors at the time of their visit.

Patients with insurance: Insurance is a contract between you and your insurance company. We file claims as a courtesy to our patients. We do our best to calculate what your estimated co-pay will be for each visit and that the **co-pay is due at the time of service**. We will not accept responsibility for collecting your claims or negotiating a settlement on a disputed claim. We will try to help you with any questions or problems arising with your insurance claim, but you are ultimately responsible for all fees for services rendered.

Patients without insurance: Your account is required to **be paid in full at the time of service** unless you have been approved for the *CareCredit* financing option. We offer a 5% discount to our patients without insurance if they pay their bill with **cash or check** at the time of the appointment.

Broken Appointments: A minimum fee of \$50.00 may be charged for ALL broken appointments due to operating expenses. To avoid this fee we request a 48 hour notice so your appointment can be given to another patient.

Finance Charge: A finance charge of 1.5% per month (18% per annum) will be assessed on all balances after 90 days.

Delinquent Accounts: Delinquent Accounts may be referred to our collection agency after 120 days. You are responsible to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection on the account.

Returned Checks: A \$25.00 service charge may be assessed for all returned checks.

I have reviewed all the above information, understand the policies, and agree to be responsible for myself (or for my minor dependent child/children) and to pay the office of Dr. Brian Allen, DDS.

Signature: _____ **Date:** _____