



Financial Policy

PLEASE READ THE FOLLOWING CAREFULLY:

Thank you for choosing our office for your dental needs. We realize that every patient's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve. We are always available to answer your questions or assist in any way we can. To maintain the practice operations and prevent any potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

Optional Payment terms:

1. **Full Pay Cash Discount:** We offer a 5% accounting courtesy for all treatment that is paid in full by cash or check when over \$300 out-of-pocket.
2. **Major Service – Two Payment Option:** We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your co-payment at the first appointment and the second half at the seat date appointment.
3. **Credit Card Payment Option:** We allow (with a signed agreement form and **established payment history** with our office), a Credit Card Payment Option, which allows you to make three equal installments by credit card. One-third payment is due at the first appointment, one-third is due thirty days later, and the remaining one-third is due sixty days from the initial appointment. Our office personnel will charge these payments on your credit card on the due dates.
4. **Term Loan:** By arrangement with Care Credit, we offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee, and no prepayment penalty. Please ask for an application.

We expect payment **at the time service is rendered**. If payment arrangements are needed, it must be made **PRIOR TO** your appointment. For patients with Dental Insurance, we do require payment of deductible and co-payment at the time of service. **For Patients with Dual Coverage**, please be advised that we **Do Not** file claims with the Secondary Insurance. We allow 45 days from the date of submitting the primary claim to receive insurance payment. If payment has not been received, full balance of the account will then become the patient's responsibility. We accept cash, checks, debit cards, MasterCard, and Visa. There will be a **\$20 charge on all returned checks**. When delinquent accounts are assigned to a collection agency or attorney, balance of the account and any associated collections fees will become the patient's or responsible party's responsibility.

Appointments: A specific amount of time is reserved especially for you. We strongly encourage all patients to keep their appointments. **We ask that you confirm your appointment within 48 hours of receiving your reminder**. If your appointment has not been confirmed we will appoint your time slot with another patient and reschedule your appointment for a future date. If you must change your appointment, **we require at least 48 hours notice to avoid a \$35/half-hour cancellation fee**.

I acknowledge that I have received and understand the financial policies pertaining to my care at Tipton Lakes Family Dentist.

X

Signature & Date