



## Financial Policy

Our Promise to You: ***“Deliver the finest in dental service, in the most caring manner.”***

To assist with the investment in your dental health the following options are available so that you may choose the plan best suited for you.

### **Insurance:**

As a courtesy, we will prepare and submit your insurance claim form. We will also provide an estimate which will show the expected insurance reimbursement and estimated patient portion due for each procedure. Your patient **estimated** portion will be due at the time of treatment. **Should no payment be made by the insurance company within 45 days of service, the entire fee will be due and payable and is your sole responsibility.**

If you have secondary insurance coverage, as a courtesy we will file your claim to them after the primary carrier has paid. You are responsible to pay the portion not covered by primary insurance and wait for the secondary insurance to reimburse you.

### **Payment Options:**

**CASH** – Personal check, money order, cashier’s check, and cash are considered “cash”. A 5% courtesy is offered for cash payment of services in full on or before time of service for amounts of \$1000 or more. Insufficient fund checks null the 5% courtesy and incur a \$35 service fee.

**CREDIT CARD** – Visa, MasterCard, American Express, are accepted as payment for dentistry as your limit allows.

**THIRD PARTY FINANCING** – This is a separate line of credit and it is offered through Care Credit, a well-respected company offering special programs for dental services. As a courtesy we will assist you with the application process. Approval takes only minutes and a variety of options are provided, including low minimum payments, low interest rate, and 0% interest and payment plans of 6, 12, and 18 months.

**SENIOR CITIZEN COURTESY** – For our patients who are 65 and over, a 5% courtesy may be extended for services rendered. Restrictions apply based on insurance status.

**FINANCE CHARGE** – An annual 24% finance charge will be assessed each month as accounts are aged beginning with account balances over 45 days unless prior arrangements have been secured in writing.

**APPOINTMENT RESPONSIBILITY** – Because your time and Dr. Gonzales’ time are of great value, we may require a \$75 deposit to reserve your appointment time. When you arrive for your appointment on time, this fee will be credited towards your balance, carried as a credit on your account, or refunded back to you.

To cover practice loss a \$75 fee will be assessed to your account for each appointment that you change without 24 hours notice. This includes not arriving for your appointment at the scheduled time.

I understand that I am responsible for payment of services.

I understand my appointment responsibility and the associated fees.

I understand the payment options available to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date