



PIN _____

FINANCIAL INFORMATION

We are committed to providing you with the best possible care, and a clear understanding of our financial policies is important to a good professional relationship. We appreciate you taking the time to familiarize yourself with them.

- Full payment is due at the time of service unless other payment arrangements have been made in advance.
- We accept cash, checks, Visa, Mastercard, Discover, and American Express for your convenience. In some cases, we offer 3rd party credit/payment options.
- We ask that the patient pay the consultation fee at the first appointment. The consult appointment visit along with subsequent surgical treatment will be filed by our office on your behalf. For periodontal recall/maintenance visits, we will provide you with the insurance filing form upon check out and ask that you submit your receipt and the provided form to your insurance company for reimbursement of routine cleaning appointments.
- A treatment plan will be generated after your consultation and sent to you before your day of treatment. Typically, we request 50% of the fee to be paid the day of treatment with the remaining balance due after your insurance company has provided their expected benefit or per the agreed upon payment plan.
- If you have insurance, we are out of network and will help you receive the maximum benefits allowed. Insurance coverage, however, is often not as comprehensive as we would like. We are happy to request a benefit estimate from your insurance company to ascertain what coverage may be available. Please remember that we work for you and not your insurance company and we have no legal standing to contest lack of coverage however unfair we feel that it may be.
- Once treatment is completed and the final insurance claim has been submitted, we can wait 45 days for payment from your insurance company. If they have not paid by that time, you are responsible for any balance due. Late payment charges are added to balances left unpaid 90 days after work has been performed.
- Unless canceled at least 2 business days in advance, there is a 50% overhead charge for missed appointments.

Thank you for understanding our office policies. If you have any questions about our fees, financial policies, or any other aspect of your care, please feel free to discuss them with your doctor or the staff.

PRINT NAME _____ DATE _____

SIGNATURE _____ DATE _____

PARENT (if minor) _____ DATE _____