Financial Policy

We are dedicated to providing our patients with the best possible care and service while keeping the costs to you from increasing at an unreasonable rate. We ask your help by understanding and cooperating with our financial policy.

Insurances:

We participate with Delta Dental Premier insurance. However, all PPO insurance plans allow you to go to any doctor you choose. We do not participate with any HMO-DMO insurance plans.

If we do participate with your insurance company, all services performed in our office will be submitted to it. All co-pays and deductibles are the patient's responsibility and will be collected by our office at the time of service.

If we do not participate with your insurance company, we will bill your insurance company as a courtesy, and we will not accept payment from it as payment in full for services performed. All co-pays and deductibles are the patient's responsibility and will be collected by our office at the time of service.

All insurance carriers have a schedule of fees from which they will pay; however, the doctor's fees may be more than what the insurance company shows on their schedule. Therefore, any balance not covered by the insurance company becomes the responsibility of the patient/guarantor. Payment for office visits is due at the time of service. It is important for you to understand that your dental insurance coverage is an agreement between you and your insurance company and not our office

Payment for service performed:

Our office accepts Visa, MasterCard, American Express, and Discover for your convenience, as well as cash or check. All payments are expected at the time of service and any outstanding balances due within 7 days, unless prior arrangements have been made with the office. All balances that reach 30 days past due will be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees that out office incurs through the process utilized to collect the outstanding delinquent balance.

Cancellation without 48 hour notice is $50.00

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Signature of Patient and/or Guarantor Date