

FAMILY 1ST DENTAL

FINANCIAL POLICY

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our costs to you.

Payment for service is due at the time services are rendered. Our practice accepts cash, personal checks, MasterCard, VISA and Discover. No interest financing is also available through Care Credit to qualified individuals. Returned checks and balances older than 60 days may be subject to collection fees and finances charges at a rate of 1.5% per month (18% annually). **Separated or divorced parents** of minors who are responsible for one half of the cost of a child's dental care: The parent who brings the child in to the dental appointment is responsible for paying the copayment or full fee. If it is necessary, we are happy to hold a credit/debit card number from the non-custodial parent on file.

As a courtesy to you, we will be happy to process all of your insurance claims. In order to do this, you must bring proof of your insurance with you to your appointment. All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is an agreement between you, your employer and the insurance company. Our practice is not a party to that agreement. If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full. Your deductibles and any **estimated** co-payment for treatment is due at the time treatment is provided.

Additionally, our practice will charge \$25 for appointments not kept and for appointments that are not rescheduled with at least a 24 hour notice.

Please do not hesitate to ask if you have questions regarding this financial policy. We are committed to providing you with the best experience in dental care.

Please mark options for payment:

CASH PERSONAL CHECK DEBIT OF CREDIT CARD CARE CREDIT

Signature of Patient or Responsible Party

Date