AESTHETIC DENTISTRY

for those who know the difference **www.drvdentistry.com**

FINANCIAL POLICY

Please read carefully

Our goal in discussing financial arrangements relative to your dental needs includes:

- To inform you of treatment alternatives
- Their respective advantages and disadvantages
- The consequences and/or risks of limited delayed treatment and/or non-treatment

We will discuss with you the costs of the dental treatment and alternative treatment. We will gladly answer your questions until you are completely satisfied.

Dental Insurance

We are happy to assist you in receiving your maximum dental insurance benefits. Dental insurance is a contract between your employer, who selects your coverage limits, and the insurance company. You (the subscriber) will receive the dental benefits as defined within your plan. Insurance payments received in this office will be credited to your account or refunded to you in the case of an overpayment. Our office will accept assignment of your dental benefits directly to our office. We cannot guarantee insurance payment estimates provided to you in this office. You are responsible for all dental fees (charges) that your insurance company has not paid, for whatever reason, within a 60-day period from when treatment is begun. You will be expected to pay the full amount due.

In addition to accepting payments directly from your insurance carrier, most insurance companies require yearly deductibles and patient co-payments. The co-payment is the difference between the treatment fees and the insurance payment. PLEASE NOTE THAT ANY INSURANCE CO-PAYMENT AND DEDUCTIBLE AMOUNT QUOTED TO YOU IS ONLY AN ESTIMATE. THE TOTAL CO-PAYMENT DUE FOR SERVICES PROVIDED IS DETERMINED AFTER THE CLAIM HAS BEEN PAID BY YOUR INSURANCE COMPANY. AN ADDITIONAL BALANCE MAY BE DUE. ______ Patient Initials.

Payment Options

To assist you with treatment fees and co-payments, we offer the following payment options:

Option 1 - Cash Discount - We offer a 5% courtesy discount for full payment prior to beginning treatment.

Option 2 — Payment by Appointment — Each appointment is paid in advance of the services provided on that day.

Option 3 – Financing of treatment through a health care financing plan. We offer Care Credit. Patient must be approved.

Fee Guarantees and Nonpayment Procedures

We are obligated by state regulations to be certain you understand your dental treatment needs, appropriate treatment and options, fees involved, and financial arrangements. This is for the mutual protection of both you and us.

The estimated fees we provide for dental services are guaranteed for 90 days. If treatment is not begun within 90 days of the estimate date, cost of dental treatment could vary. Once dental treatment has begun, changes in the anticipated treatment plan may be required, depending on oral conditions encountered. You will be informed if this occurs.

If your balance becomes 60 days or more overdue, our office reserves the right to interrupt or discontinue dental treatment and/or send your account to an attorney for collection. In the even that your account is sent for collection, you will be responsible for all costs and fees, including reasonable attorney's fees, incurred. If payment is not made within 30 days, your account will be charged at a rate of 1.5% per month.

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I have understood and accept the Financial Policy as described abo	ve.
Signature of patient, parent or legal guardian	Date