



**Our Policy of Care and Payment**

Ensuring that our patients receive high quality care is our goal. We will make every effort not to allow the cost of treatment to prevent you from benefiting from the excellent care you need or desire. Our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment. We charge what is the usual and customary for our area.

**Payment Options:**

Payment for services is due at the time services are rendered unless prior arrangements have been made. We accept the following forms of payment: Cash, Check, Visa and MasterCard. We offer a 10% discount for all treatment over \$2000 paid in cash or check the day of service. In addition, we offer Care Credit, a patient payment program offering a full range of No Interest and Extended Payment Plans. Checks that are returned to our office from your financial institution are subject to a \$25.00 returned check fee. This fee covers the processing fees that are charged to our office

**Dental Insurance:**

We will assist you with your benefit eligibility before treatment if necessary to help you calculate your costs and maximize your insurance. Please know that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim the day of your appointment. We cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we expect all patients to be directly responsible for all charges. You are responsible for any unpaid portion within 60 days of the date of service.

**Appointment Policy:**

Your scheduled appointment time has been reserved specifically for you. Please be considerate and inform us of any rescheduling needs. We request a 48 hours' notice if you need to cancel your appointment. We are aware that unforeseen events may require missing an appointment. After missing your second appointment without notifying us in advance, it will be difficult to reschedule you.

**Past Due Accounts:**

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often, financial misunderstandings can be managed with a phone call. Occasionally, accounts still become delinquent. We assign past due accounts to our collection service.

Please feel free to contact our wonderful staff at any time to discuss any concerns you may have. By signing below, I understand and accept the terms of Oakwood Dental Arts Financial Policy, Returned Check Fees, and Missed or Cancelled Appointment Policy.

Signature of Responsible Party

X \_\_\_\_\_

(Patient, Parent or Legal Guardian)

Date \_\_\_\_\_