

Family and Cosmetic Dentistry Financial Policy

Thank you for choosing our office for your dental needs. We are committed to providing you with the best possible care. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. We are always available to answer your questions or assist you in any way we can. To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

A Word about Insurance

Your insurance is a contract between you, your employer and the insurance company.

Not all services are covered benefits under your insurance.

We will be happy to do our best to assist you in understanding and getting the most of your insurance benefits. But if there are any questions about coverage, it would be to your advantage to contact Customer Service for verification.

If using dental insurance:

1. All estimated Co-payments are due the day services are rendered.
2. Major Service-Two Payment Options: We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your co-payment at the first appointment and the second half before final cementation or insert.
3. For all unpaid accounts beyond 60 days, a 1.5% fee will be attached.

For those without dental insurance we offer ONE of the below options:

Full Pay Cash Discount: We offer a 5% accounting courtesy for all treatment above \$500 that is paid in full (cash or check) at the time of service. **OR**

FCD In-Office Plan: This is our way of helping patients without dental insurance, which offers more benefits and flexibility than traditional insurance. It's an annual discounted savings plan that makes sense for today's economy.

Term Loan: By arrangement with Care Credit, we offer our patients, upon approval, an interest free term loan with no down payment, no annual fee, and no prepayment penalty. Please ask for an application with details. For this convenience, an additional charge of 5.9 % is applied. Care Credit terms for Invisalign vary.

Payments are expected at the time services are rendered. Estimates are valid for 90 days.

There is a \$25 fee for missing an appointment without 24 hours prior notification.

We accept cash, checks, debit cards, and all major credit cards. For credit cards there is a 3% convenience fee added to all transactions.

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered by Family and Cosmetic Dentistry.

Name _____ Signature _____

Date _____