

## 4<sup>th</sup> & Madison Dental Financial Policy

Thank you for choosing our office for your dental needs. 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.

### **Optional Payment Terms:**

1. **Full Pay Cash Discount:** We offer a 5% accounting courtesy for all treatment that is paid in full (cash or check) at the time of service.
2. **Insurance Co-Payments:** We will gladly send a claim to your insurance company for services rendered. We would ask that you pay your deductibles and co-payment on the day of service.
3. **Major Service - Two Payment Option:** 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 at the seat date appointment.
4. **Credit Card Payment Option:** We allow (with a signed agreement form and established payment history with our office), a Credit Card Payment Option, which allows you to make three equal installments by credit card. One-third payment is due at the first appointment, one-third is due thirty days later, and the remaining one-third is due sixty days from the initial appointment. Our office personnel will charge these payments to your credit card on the due dates.

Payments are expected at the time services are rendered. We accept cash, checks, debit cards, Visa and Mastercard.

**Broken Appointments:** A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a \$50.00/hour cancellation fee (emergencies are an exception).

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_