

FINANCIAL POLICIES

We are committed to providing you with the best possible dental care.

Payment for services is due at the time services are rendered. We gladly accept Visa, MasterCard, Discover, checks and cash. Additionally, we offer in-house financing and CareCredit for your convenience. Unless prior payment arrangements have been made and approved in writing, a form of payment needs to be chosen before treatment is provided. We would be happy to assist you in determining which option fits your specific needs.

Fast Check Out. We would like to save you time and make your experience with us even more enjoyable...

For most future appointments, you will be able to leave quickly without having to wait in line to checkout. You may simply walk out of the office after your appointment and save the hassle and time checking out with our front office team. If you have any balance owed from your appointment, we will bill your credit/debit card on file. If you have a credit after treatment is completed, we will issue that credit to your card on file.

Please fill out the information below to enroll. We will safely and securely store this information.

Last 4 digits of credit/debit card : _____

Expiration Date: _____

I authorize this office to credit or charge my credit/debit card for any balances or credits resulting after insurance payments have been processed.

Patient/Guarantor

Cancellations/failed appointments. A charge may be made for an appointment failed or cancelled without 48 hours notice, at the rate of half the scheduled treatment fee. Appointment time is reserved in advance and with short or no notice, we do not have the opportunity to fill the time with another guest. We value your time and also ask that you please consider our efforts to accommodate those guests needing or waiting to come in.

Returned checks. An alternate form of payment is required and the account is subject to additional collection fees and interest charges of 1.5% per month. If an account becomes delinquent, the guarantor will be responsible for all legal fees incurred in collection of that account.

Insurance Benefits. Your benefit plan is a contract between you, your employer and the insurance company and we are not a party to that contract. We are your advocate to help you receive the maximum benefit provided by your benefit plan, and are happy to assist you in understanding your specific plan. It is very difficult to estimate benefits and not all services are covered in all contracts. All policies have limitations and restrictions in order to keep the premium lower to the employer or sponsor. For example, some plans will reduce benefits to the "lowest standard of care," such as giving allowance for "silver" filling rather than tooth-colored fillings. This does not dictate what treatment you are entitled to, should be done, or necessitate change in the treatment plan suggested for you; rather it is the limitation of the benefit paid for that type of procedure.

If you have any questions about the above information, please do not hesitate to ask. We are here to help you.

- I understand that my insurance is an agreement between my insurance company and me. I also understand that I am responsible for payment of my account, regardless of my insurance.
- I give permission for Dr. Nathan and Shannon French and team to take necessary diagnostic films, photos or study models to properly enable complete diagnosis and treatment.
- I have read the above statement. I fully understand and agree to these terms and conditions.

Signature of Responsible Party

Date