



Billing and Collection Policies

INSURANCE – We will accept insurance and file claims as a courtesy to patients. Any deductible, coinsurance or copay will be due from the patient at the time of service.

SELF-PAY – We will treat self-pay patients, and payment for services will be expected at the time of service. If treatment will be extensive and not completed on initial date of service, payments may be made and any balance due must be paid in full by completion of the treatment (i.e. crowns must be paid in full by delivery of permanent crown. Implants must be paid in full by the delivery of the implant crown. Dentures or partials must be paid in full by the delivery of the final appliance.)

STATEMENTS – For any balances remaining due from patients, we will send out a monthly statement. Statements will only be sent out two consecutive months. If no payment is received, we will send a 30-Day Notice. If patient balance remains after this, the account will be sent to a collection agency. Throughout this billing period of 90 days, phone calls will be made to the patient to encourage payment on their balance before the collection process begins.

CARE CREDIT – We will accept Care Credit as a form of payment for services. This payment can be processed prior to 30 days of completion of treatment, but no earlier in the treatment process. Deferred Interest Chart:

\$200-\$600	6 Months Deferred
\$601 and up	12 Months Deferred

APPOINTMENTS – With our patients' best interest in mind, we have a time set aside in our schedule for each appointment. This creates less waiting time and more time for our dentist/hygienist to spend with their patients. A 24-hour notice is required for any patient who will not be able to make their appointment time. We understand that emergencies occur, and we will work with our patients in this case. However, if a patient breaks an appointment, this may result in a \$75 charge. After **three missed appointments**, a patient will be dismissed from our practice and will not be able to schedule appointments in the future.

LATE ARRIVAL – If you arrive **10 minutes late** for your appointment, we reserve the right to reschedule your appointment. This will be considered a **missed appointment**.

Thank you for understanding and respecting our policies.

Signature _____

Date _____