

## **FINANCIAL POLICY**

We are proud of the dentistry we provide and strive to keep costs contained. Quality, personalized dental care is a financial investment. If you have insurance benefits, we will work with you to understand and maximize your coverage. Please remember that you are ultimately responsible for your account with our office.

**Payment is due** at the time services are rendered. For your convenience we are pleased to offer the following options for payment.

1. 5% accounting courtesy is offered when services of \$500 or more are paid in full with cash or check at time of treatment.
2. Visa, MasterCard, American Express and Discover.
3. Care Credit Payment Plan

**Insurance benefits:** We will, as a courtesy, process your insurance benefits in our office. Insurance companies and coverage vary. All questions regarding your insurance benefits should be addressed to your insurance carrier. Your contract for insurance benefits exists between you and your insurance carrier.

Our staff will brief you on the costs and ask that your portion of the fee be paid at the time of service. Please remember that, regardless of insurance coverage, you are responsible for your account with our office. In the event of a credit, we will promptly issue a refund.

Fees quoted are accepted for 90 days. In the event that clinical conditions warrant a different treatment, you will be notified of changes in fees prior to proceeding with the procedure.

A service charge of 1.5% per month or 18% annually will be added to any outstanding balance not paid within 30 days of current monthly billing date.

Thank you for reviewing our financial policy. We make every effort to explain your cost to you and to avoid misunderstandings so that we can focus on your dental health. If you have any questions please ask.

We are here to serve you.

I agree to pay Dr. M. James Dobbs, D.M.D., all amounts and charges hereafter incurred by myself or members of my family for services rendered. Failure to make payment according to the above policy is basis for legal action to be taken and I agree to pay all cost of collection including reasonable attorney fees and court cost.

Signature \_\_\_\_\_ Date \_\_\_\_\_