



DENTAL STUDIO

FINANCIAL POLICY

Thank you for choosing our office as your dental care provider. Our office is dedicated to providing optimal care for every patient in the most economical way possible. The following is a statement of our financial policy. Please read it and let us know if you have any question.

OPTIONS FOR PAYMENTS OF TREATMENT:

1. Non-Insurance Patients:

Payment is expected at the time of service for treatment performed that day, unless prior arrangements have been made. For your Convenience, we accept cash, personal checks, money orders and all credit cards.

- There is a 5 % discount if services are paid in full with CASH or CHECK

2. Insurance policy:

- a) We will file an insurance claim on your behalf as a courtesy to you. However, you must supply prior to treatment, all necessary information for filing.
- b) Any deductible as well as any estimated percentages your insurance does not cover, are to be paid in full at the time of treatment.
- c) It is the patient's responsibility to know the details of the insurance coverage, waiting periods, deductible Etc.
- d) Long term payment options may be available through care credit, ask the front office staff for more information.

I HAVE READ THE FINANCIAL POLICY AND UNDERSTAND AND AGREE TO THE TERMS OF THIS POLICY

X _____ DATE: _____

Signature of Patient/ Responsible Party

I allow for the release of my x-rays and records to my insurance company as needed for proper processing and payment of my dental claim.

Patient Signature: _____ Date: _____