

**Our Commitment to You**

We are committed to recommending only the type of dentistry that we would have done in our own mouths or in the mouths of our families. With this recommendation of optimal care, we will develop a *treatment plan*, an overall *roadmap*, to show you how to get from where you are to a “better” place. Because these are your teeth and not ours, you are free to do as much of the treatment as you choose. Our job is to give you the facts and to make treatment recommendations.

**Financial Arrangements**

It is the policy of this office, following examination and development of the treatment plan, to give you an estimate of the dentistry that has been discussed. This will enable you to know exactly what work is planned and what the cost will be. It is necessary to make definite financial arrangements before any dentistry is started. There are several possible methods of payment:

- For routine maintenance care and dental hygiene appointments, full payment is due at the time treatment is rendered. Patients with dental insurance are expected to provide their co-payment at the time treatment is rendered.
- Cash, check and credit cards are all acceptable methods of payment. We accept VISA, MasterCard, Discover and American Express for your convenience.
- For restorative cases involving the laboratory (such as veneers, crowns, bridges, and dentures), the patient is asked to pay ½ of the total fee as treatment begins and the other half prior to the start of the final appointment.
- We would like to thank those patients who pay the entire fee before the start of treatment by offering a 5% prepayment courtesy adjustment for amounts in excess of \$1000.00 paid with cash or check.
- Senior citizens are offered a 10% courtesy discount.
- We offer a line of credit through outside financing companies with affordable monthly payments.

**Dental Insurance**

Our front office staff will work with you to maximize your dental insurance benefits and file your claims. We will also give you an estimate of your portion based on the information we receive from your insurance company. We are happy to assist you with any of your dental needs.

Most misunderstandings occur when someone does not understand the doctor/ patient/ insurance relationship. Our relationship and contract is with you, not with your insurance company. The entire balance is the patient’s responsibility. Therefore, if your insurance company fails to honor our request for payment in a timely manner, 30 days, you may be responsible for the entire balance.

**Patient/Responsible Party Signature** \_\_\_\_\_