

Family Dental Associates



www.tlcddsfamily.com

OFFICE FINANCIAL POLICIES

The following financial policies have been prepared to better prepare you for your dental treatment and to help eliminate any confusion regarding necessary payments.

1. An estimate of fees for any treatment is available upon request.
2. **You are fully responsible for all charges. If you have insurance, we will submit it for you as a courtesy.** In many cases, we can estimate what your portion will be and payment of that amount is expected. Please familiarize yourself with your dental benefits. UNFORTUNATELY, WE CANNOT GUARANTEE ANYTHING YOUR INSURANCE COMPANY SAYS REGARDING ELIGIBILITY OF BENEFITS, BUT WILL TRY TO HELP IN CASE YOU HAVE A DISPUTE WITH THEM. WE ARE NOT RESPONSIBLE FOR INSURANCE COMPANY NON-PAYMENT OR UNDERPAYMENT FOR ANY REASON. YOU ARE RESPONSIBLE FOR PROVIDING US WITH THE CORRECT INSURANCE INFORMATION.
3. Payment is expected at the time of service.
4. At least one-half of the fee for all crowns, bridges, and dentures must be paid when the procedure is started and the final payment made at the insertion appointment.
5. We accept cash, checks, Visa, Mastercard, Discover Card and Care Credit.
6. Any balances exceeding 60 days receive a 1% per month service charge.
7. NSF checks will result in a \$25.00 charge.
8. Please ask whenever you have any questions regarding your treatment or charges. We will gladly answer any of your questions.
9. Missed appointments with less than 24 hours noticed will be assessed \$50.00 charge.

I HAVE READ AND ACCEPT THE FINANCIAL POLICIES AS EXPLAINED ABOVE.

DATE

SIGNATURE