



FINANCIAL POLICY

All patients must complete our Registration and Medical History Form prior to seeing a dentist.

**FULL PAYMENT IS DUE AT TIME OF SERVICE
WE ACCEPT CASH, CHECKS, CREDIT CARDS, AND CARE CREDIT
PAYMENT PLAN OPTIONS MAY BE ARRANGED PRIOR TO TREATMENT**

Regarding Insurance:

We require assignment of insurance benefits starting with your initial visit. You are expected to pay your **estimated** out-of-pocket costs at the time of service including: deductible, copayment for services, and any amounts due for non-covered services.

We cannot bill your insurance company unless we are provided with your insurance information. Any remaining balance after your insurance claim has been processed is your responsibility.

You may request an estimate of your out of pocket costs prior to treatment. There are two types of estimates available to you:

1. The Dental Store estimate: We verify and interpret benefits, this is strictly an estimate and may not be reliable in all cases, any inaccuracies between actual out of pocket costs and the estimate will be billed or refunded accordingly. This can be provided within 0-2 days.
2. Insurance estimate: The Dental Store submits proposed treatment to the insurance company and they provide an estimate. This will provide more accurate out of pocket costs, so long as there are no changes to the proposed treatment and other services are not provided between the time of estimate and when treatment is completed. This estimate requires 4-6 weeks of processing time.

Regarding Discount Plans:

All payments are due at the time of treatment unless a payment plan has been agreed to by The Dental Store.

Usual and Customary Rates:

Our fees are usual and customary for our area. You are responsible for payment regardless of any insurance company's determination of usual and customary rates or maximum allowable rates.

Minor Patients:

The adult accompanying a minor, the parent or guardian of the minor, is responsible for full payment.

Missed Appointments:

Unless an appointment is cancelled at least 48 hours in advance, our policy is to charge for missed appointments.

Financial Responsibility:

You take financial responsibility for treatment provided by The Dental Store to the patients listed below. You remain financially responsible until signatures are completed below to discontinue as responsible party

Finance Charges of up to 2.5% per month will be charged for all overdue balances.

Any and all costs incurred for collecting balances past due on your account will be assessed to you including: court costs, attorney's fees, and collection agent fees.

You agree to take financial responsibility for the patients included here

1st Patient	2nd Patient	3rd Patient
4th Patient	5th Patient	6th Patient

I have read the Financial Policy. **I understand and agree to this Financial Policy.**

Signature of Responsible Party

Date

The Dental Store Witness Signature

Date

I elect to discontinue as responsible party.

Signature of Responsible Party

Date

The Dental Store Witness Signature

Date