

Financial Policy

Patient Name:
Last First MI Preferred Name

We appreciate the opportunity to serve you! We've found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following carefully and ask us any questions you might have. We will do our best to answer them for you.

* Patients without insurance coverage need to know:
The fee for the treatment rendered must be paid in full on the day of service.

* Patients with insurance coverage need to know:
The estimated patient co-pay and deductible for the treatment rendered must be paid in full on the day of service. Please understand that you are ultimately responsible for all fees generated by your treatment.

* We accept cash, check, Visa, MasterCard, Discover and American Express. We also offer a 5% cash discount for treatment cases over \$1,500 if paid in advance.

* We also offer CARE CREDIT which is an extended payment plan with prior credit approval.

* 24 hour notice is required for rescheduling appointments. A \$50 fee will be applied to your account for rescheduling, canceling or failing to show up for your appointment without 24 hours notice. Drs Elrod, Green & Heimer and their staff reserve your appointment time exclusively for you so please be considerate.

* Balances which are 60 days or older will incur an 18% per annum finance charge. There is also a \$25 returned check fee.

* Collection fees incurred to enforce payment required by this agreement will be charged to the patient whose failure to pay, required these fees to be incurred.

Submission to treatment implies you consent to the terms of this agreement.

Name of Guarantor of Payment/Responsible Party & Relationship to Patient:

Signature: _____

Date:

Response Date: