

Dobson Ranch Dental Care
OFFICE FINANCIAL POLICY

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment.

Please check one of the following:

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card/ Debit Card American Express, Visa/MasterCard, Discover <input type="checkbox"/> In Office Financing for treatment over \$500	<p>We are pleased to offer () Care Credit as a financial option which allows you to make low monthly payments.</p> <p><i>Please ask our administrative staff for details and credit applications.</i></p>
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We are committed to support you in understanding your dental health so that you will always be able to make the best choices.

We will, as a part of our great service, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes complicated task.

I agree that I am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a benefit of any dental insurance that I may have. I understand that all services are due to be paid in full within sixty (60) days of the date of service, regardless of whether or not my insurance benefits have been received. One and one-half percent (1.5%) per month interest (18% per year) will be charged on accounts 60 days from treatment date.

I understand that my insurance will help pay part of my treatment and that any estimates quoted to me are only estimates. I realize that I am ultimately responsible to understand my benefits. Though we at Biltmore Commons try to be aware of what coverage each plan offers, that plans do have restrictions. I understand that my insurance company may have restrictions on treatment and that I am responsible to know my benefits. Please ask us if you have any questions.

I understand that in the event my account is turned over to a collection agency, I am responsible for the past due amount as well as any charges incurred from the collection agency.

Missed Appointments

Appointment times are reserved especially for you and it is a bond of trust between you and our office. In helping us serve you better please keep your scheduled appointments. Our time is dedicated to high quality services at a reasonable cost and in order to deliver this we ask that you choose a time that you can be committed to. Any missed appointments may result in a charge up to the amount of the missed appointment.

We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure that you have an outstanding experience.

Signature (Responsible Party)

Financial Coordinator

Date