

# FINANCIAL AGREEMENT AND GUIDELINES

In our continued commitment to provide the highest quality of dental healthcare available to all of our patients and to have those services comfortably affordable, we are proud to announce interest-free financing options as outlined below.

## APPOINTMENTS

Since we provide 5-star service to our patients, time scheduled is reserved just for you. Appointment reservations for visits broken without adequate notice (**24 hours**) will have a \$75.00 charge assessed. Deposits for appointments reserved with Dr. Sammons and Dr. Laurent that are one hour or longer will require a 1/3 deposit of treatment total. A **48-hour notice** is required to avoid the \$75.00 charge. This will be handled with our patient care coordinators prior to scheduling.

## INSURANCE ON ASSIGNMENT

**As a courtesy**, we will file your insurance and will do our very best to maximize your benefits. To lower your initial “out of pocket expense,” we only ask that you take care of your **estimated out-of-pocket** portion of treatment at the time of service, including all deductibles. It is the patient’s responsibility to provide our office with all necessary and accurate insurance information prior to appointments. If not given at the time of service, patient becomes responsible for services rendered. **Please understand that we have no contractual relationship with your insurance company; our relationship is with you, our patient, so if insurance fails to pay for any services rendered, it becomes the patient’s responsibility to settle the account within 60 days.** Due to the discrepancy of insurance benefits for TMJ therapy (medical vs. dental), these financial arrangements will be handled on an individual basis before treatment begins.

## FINANCING AVAILABLE

We offer 3, 6, & 12 month interest free financing with approved credit for a revolving line of credit through Care Credit. 18-48 month extended financing also available with approved credit.

## CREDIT CARDS

We accept Discover, MasterCard, Visa and American Express. This will allow you to pay monthly charges and budget your charges.

We have found that these financial options meet the needs of most every family in our practice. We have listened to your concerns and have made great efforts to address them.

I, (please print) \_\_\_\_\_, understand and accept the above financial policies of this office.

Signature: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ Driver’s License # \_\_\_\_\_