



In our continued commitment to provide the highest quality of dental health care available to all our patients and to have those services comfortable and affordable, we have made certain changes in our policy that will create the maximum flexibility for each of our patient's individual needs.

In order to cover deductible expenses and differences in benefits the following payments are expected.

1. AS FOR SERVICES ARE RENDERED

For those patients desiring to pay cash or check at the time of visit, we will continue to offer you a 5% discount for payment on all services of \$200.00 or more.

2. CREDIT CARDS

We accept Master Card, Visa and American Express as payment when services are rendered with a 3% discount for amounts over \$200.00

3. Senior Citizen Discount

We honor our senior citizens with a 5% discount.

4. INSURANCE BENEFITS

Please review our office policy regarding your insurance benefits on the Insurance Information form. Please remember to bring your insurance card with you so that you may receive proper reimbursement.

5. CARE CREDIT

Will provide you, upon approval, with a dental line of credit that is similar to using your credit card but with these added benefits:

1) **NO INTEREST PAYMENT PLAN**

Requires monthly payment of only 3% of your balance or \$20 (whichever is greater) and allows you to avoid paying any interest charges if you pay your balance in full within the 12 months period. If not paid on time, interest rates are 24.23%. Offers 3, 6, 12 months interest free plan.

2) **EXTENDED PAYMENT PLAN**

For patient with treatment fees from \$2,500 to \$25,000, who would appreciate more time to pay, the **EXTENDED PAYMENT PLAN** offers a low interest rate and low monthly payment. Interest rates for the extended plan are 12.96%.

3) Pay for immediate treatment with low monthly payment, no upfront costs or annual fees, no prepayment penalty, quick and easy application process.

We now find it necessary to institute changes in our office policies. We appreciate your cooperation and understanding while we endeavor to provide you with the best possible dental care.

Late Policy: If you are more than 10 minutes late for your appointment, we will make every effort to fit you into the schedule. Otherwise, we will have to reschedule your appointment and a missed appointment fee may be incurred.

Missed Appointment: \$75. Missed appointments are appointments cancelled with less than 48 hours notice. Multiple missed appointments may result in your dismissal as a patient.

Dental Records: To obtain copies of your medical records, you must sign a Dental Release form. Please allow one to two weeks for processing records.

Date _____

Patient Signature _____