

Peterson & Cammack

Family & Cosmetic Dentistry

Financial Policy

Welcome to our office. We are happy to have you as our patient and look forward to offering you and your family the finest dental care available. We feel part of providing complete, comprehensive dental services includes all treatment and financial information.

Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

Payment is due at the time services are rendered. For your convenience, we accept cash, checks, Visa, Mastercard, Discover, American Express and CareCredit.

Insurance benefits are determined by your employer and not your dentist. **Any deductible or estimated co-payment amount will be due at the time of treatment.** Insurance is not a guarantee of payment; they will not pay for all of your costs. Your insurance policy is a contract between you and your insurance company. Your insurance and payment are still your responsibility. As a courtesy we will be glad to file your claim for you if you bring 1) your dental insurance card and 2) all required employer information. You will be expected to pay services rendered if this office is unable to verify your insurance information before treatment. **If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance for any treatment is considered due and collectible from you. A finance charge of one percent of the balance or a minimum of one dollar will be applied monthly to an account after 90 days.**

We reserve the right to charge and collect fees for all appointments cancelled or failed without 2 working days advance notice. Regular business hours are Monday-Thursday 7:00am to 4:30pm.

Appointments are reserved exclusively for you. As a health benefit to you, we may offer to move your appointment to an earlier time if openings arise.

Returned check fee of \$25.00 will be added to your account balance and is collectible.

Separated/Divorced Parents of Minors who are each responsible for a portion of the cost of a child/children's dental care, the parent who brings the child to their appointment is responsible for paying the co-payment or full fee.

Payment plans and financial arrangements are offered through CareCredit. Applications are available in our office or online at CareCredit.com.

I have read and understand this financial policy.

Printed Name

Signature

Date