

PATIENT PAYMENT POLICY

Payment Expectations

Payment is due at the time services are rendered unless prior arrangements have been made. We accept cash, check, credit/debit cards, and HSA/FSA cards.

Insurance Information

We will file your dental insurance claims as a courtesy.

You are responsible for co-payments, deductibles, and estimated portions at the time of service. Insurance estimates are not guarantees of payment.

Any remaining balance after insurance processing is your responsibility.

Missed or Late Appointments

We require at least 24–48 hours notice for cancellations or rescheduling. Missed appointments or late cancellations may result in a fee.

Outstanding Balances

Balances over 30 days may incur late fees or be sent to collections.

Outstanding balances must be paid before scheduling additional appointments.

Financing Options

Third-party financing options may be available. Please ask our team for details.

Treatment Plans

A deposit may be required for larger treatment plans.

Payment arrangements must be agreed upon in advance.

Returned Checks

A fee will be charged for returned checks.

Acknowledgment of Financial Policy

I have read and understand the payment policy. I agree to be responsible for all charges for dental services provided to me or my dependents.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Signature: _____