

SADLON COSMETIC AND FAMILY DENTISTRY

FINANCIAL POLICY

We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible. Also, we understand the financial limitations that influence your choice of care. We want to assure you of our flexible approach to financing.

We work with most insurance companies and always try to maximize your coverage through meticulous detailing of procedures and interaction with your insurer. We even fill out and submit your claim forms and we're available to answer any questions we can. Please note though that as dental care providers, our relationship is with you, and not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, please remember that you are responsible for any portion of your treatment that is not covered by insurance. We realize that temporary financial problems may affect the payment of your account. If such problems do arise, we encourage you to contact us as soon as possible so that we may assist you in the management of your account.

Because we too must balance our finances, we do ask that you pay your estimated portion of the bill at the time of treatment. For your convenience, we also accept most major credit cards.

Returned checks will be subject to a \$50.00 Banking Fee. Balances older than 30 days may be subject to additional late/service fees of \$9.00 monthly. In the event that you need to cancel or reschedule your appointment, we ask that you give us at least 48 hour notice prior to your appointment time so that we may fill your spot on the schedule for one of our other patients. While we understand that sometimes there are circumstances beyond your control that require you to miss your appointment, we hope you understand that we have reserved the doctor's time for you during your scheduled appointment. Please note that there may be a \$25.00 cancellation fee charged for missed appointments or same day cancellations in the event that we are unable to fill your appointment with another patient. For accounts that need to be forwarded to a Collection Agency, a \$50 Processing Fee may be charged to your account.

We hope that you find this information useful. Rest assured that we are here to help make quality dental care obtainable for all of our patients. We look forward to working with you to achieve excellent dental health.

If you have any questions at all with regards to this policy, please do not hesitate to ask us.
Thank you.

I have read and agree to the above policy:

Print Name: _____

Signature: _____

Date: _____