

## **FINANCIAL POLICY**

Welcome and thank you for choosing our office to serve your dental health needs! Our goal is to provide our patients with quality dentistry in a comfortable environment. We feel patients should always be treated with respect and should maintain an active role in their treatment needs and goals. To help achieve our goal, we have developed the following Financial Policy. We ask that you read, agree to, and sign before any treatment is rendered.

### **Payment Options**

It is the policy of Clifton Park Dental to receive payment for professional services no later than the date of service. For your convenience we accept cash, personal checks, Visa, MasterCard, Discover, American Express, or 3<sup>rd</sup> Party Financing through Care Credit. A fee of \$35 will be charged on all returned checks.

### **3<sup>rd</sup> Party Financing**

We are pleased to offer our patients CareCredit, North America's leader in patient payment plans. CareCredit lets you begin your treatment immediately – then pay for it over time with low monthly payments that fit easily into your monthly budget. We offer a choice of both interest free and extended payment plans with interest to qualified applicants. Please ask one of our administrative assistants for more information and assistance.

### **Insurance**

Our goal at Clifton Park Dental is to maximize your insurance benefits. Please understand that Clifton Park Dental is not contracted with any insurance company. We are not responsible for what benefits your insurance company pays on a claim; the amount or percentage paid is determined by the contract you or your employer has established with the insurance company. Remember, we will assist you as best we can in estimating your portion of the cost of treatment but at no time guarantee how your insurance will handle your claim.

For all patients with dental insurance, it is important that you bring your insurance card with you to your first appointment or notify us of any changes to your insurance as soon as possible. This allows our administrative staff to find out what procedures are covered under your insurance plan and therefore provide you with a financial estimate of what your insurance will cover. With the exception of select insurance companies, your estimated portion is due at the time of service.

As a courtesy to our patients, we will file your insurance claim on the same day of your appointment. All insurance claims are filed electronically thus allowing your insurance company to receive your claim within days of treatment. If for some unforeseen reason your insurance carrier has denied or not made payment within 60 days, the patient is responsible for the balance in full.

### **Cancellation Policy**

Your appointment time is reserved especially and only for you. We truly do look forward to helping you with your dental needs. When life does take an unexpected turn and you cannot make it to your dental appointment, we respectfully request that you provide us with at least 24-hour notice. We reserve the right to charge and collect a missed appointment fee if no such notice is given.

I have read, understand, and agree to the above Financial Policy.

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Patient Signature (Parent/Guarantor signature if Patient is a minor)

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Date

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Child's Name