

FINANCIAL POLICY

It is our desire to provide the highest quality of dental care to everyone. The following is a statement of our financial policies at Preferred Dental Practice, P.C. We ask that you please read, agree to, and sign before any treatment is rendered.

All patient fees and co-pays are paid on the date of service.

Payment Options

We accept: Cash, Check, Visa, MasterCard, American Express, and Care Credit.

Additional Charges

A fee of \$36.00 will be charged on all returned checks.

Payment Plans

Payment arrangements may be available on a case-by-case basis for large treatment plans. Please see one of our financial coordinators if you think you may need assistance

Collection Accounts

Accounts that have not had a payment made in over 90 days will be subject to a 3rd party collection agency.

Patients with Dental Insurance

Dental insurance was not designed to pay for all dental care. It is your responsibility to understand your benefits, yearly maximums, eligibility status for exams, consultations and office visits. As a courtesy to you, we will submit claims. Treatment recommended by the Doctors of Preferred Dental Practice, P.C., is NEVER based on what your insurance company will pay. Our goal is to maximize your insurance benefits. The insurance contract is between the insurance company and you, the insured. Co-payment and treatment estimates provided are our best guess. Due to pending claims and patient privacy issues, we do not always know how much an insurance company will pay our office, how much has already been paid to another office or specialist, and/or the balance remaining on your yearly maximum. All copays are due on the date of service. If the insurance company does not pay what is anticipated, the balance remains the responsibility of the patient/guardian.

I HAVE READ AND AGREE TO THE FINANCIAL POLICY OF PREFERRED DENTAL PRACTICE, P.C.

PATIENT NAME: _____

PATIENT OR GUARDIAN SIGNATURE: _____

DATE: _____