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Financial Policy

All insurance co-payments and nondeductible fees are due at the time of service. Dental benefits are meant to provide assistance with the investment in your family's dental health; it is not meant to pay in full all dental fees. Any fees not covered by dental insurance are the responsibility of the undersigned parent/guardian.

Since insurance policies vary, we estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts. If for some reason, your insurance company does not pay your claim, you are expected to pay the balance in full within 30 days of the date of treatment.

non-insurance/self pay patients: Payment is due at the time treatment is provided.

Payment options: Cash, Check, Visa or MasterCard.

Financing: Payment plans may be available if needed.

I have read and understand the content of this form. I acknowledge that by signing below I accept financial responsibility.

Parent/Legal guardian signature _____ Date _____

Child's name _____

