TRAIL DENTISTRY

FINANCIAL POLICY

Our primary goal is to not allow the cost of treatment to prevent you from benefiting from the quality care you need or desire. In our office, we strive to maximize your insurance benefits, and make any remaining balance easily affordable. Our fees are based on the quality materials we use, and the time, effort, and skill required in performing your needed treatment. We charge what is usual and customary for our area. We will assist you with your benefit eligibility before treatment to help you calculate your costs and maximize your insurance. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health. Ultimately, however, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim the day of your appointment. If there are any complications we will assist you with any information you may need.

We accept the following forms of payment: Cash, Check, Visa, and MasterCard. <u>Payment is due at the time</u> <u>service is rendered, unless prior arrangements have been made.</u> Financing is available through CareCredit, a patient financing company; please see our front desk staff for more information. Senior citizens (over 65) are entitled to a 5% discount on services. If your children drive themselves, or are brought to the office by another person, payments are still due that day or arrangements made prior to the appointment.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often, financial misunderstandings can be managed with a phone call. Any account with an unpaid balance that is 90 days past due is eligible for monthly finance charges and/or collections. Please feel free to contact our wonderful staff at any time to discuss any concerns you may have. Thank you for understanding our Financial Policy.

RESCHEDULING/ CHANGE IN SCHEDULE POLICY

Our practice is dedicated to quality care and exceptional service. Our doctors and team spend extensive amounts of time preparing for your visit. Broken and missed appointments create scheduling problems for our team as well as other clients. If you find that you must change your appointment, we require a minimum of 24 hour notice so that we may make every effort to accommodate other clients. If proper notice is not received, a \$50.00 fee will be charged for cancelled hygiene/cleaning appointments and a \$75.00 fee will be charged for cancelled restorative appointments.

I have read and agree to the Financial Policy and the Cancellation Policy.

Signature of Patient or Responsible Party:	Date:
Signature of ration of Responsible rarty.	Bdtc: