Financial Office Policy

Our primary mission is to deliver the best dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible. You can choose to pay by cash, check, Visa, MasterCard, American Express or Discover. We also offer Care Credit that allows you to pay over time with convenient, low monthly payments.

- If you need to cancel your appointment, please give us two (2) business days notice. Otherwise, there will be a $10 fee for every 10 minutes of broken appointment.

- There will be a $35 fee for checks with insufficient funds.

- Accounts that go beyond 60 days past due may be transferred to Transworld Systems, a national collection agency, for account receivable assistance. A Service fee of $30 may be added to your account as well as interest. Patients are responsible for any collection fees, collection costs, lawyer's fees and late fees.

- The co-payment is expected at the time of scheduling your appointment. The fee is **an estimate only**! Patients are responsible for any balance that is not covered by the insurance.

- In case of refund request, the following charges will apply: 4% credit card processing fee for payments made by credit card; any charges applied to treatment already performed will be deducted, as well as the cost of appliances that have been used for the procedure. If insurance company is involved, the refund will be processed after the insurance makes the final payment, and/or there are no open claims in the account.

- In order to file the claim to your insurance company, you need to provide us your picture I.D. and insurance card. The claim will be filed to your dental insurance company.

- X-rays taken with a special discount or reduced fee are for diagnostic purposes only. The full office fee will be assessed and payment due in order to transfer or email any x-rays.

We would like to remind you that insurance coverage is an agreement between you and the insurance carrier; therefore, the account is in your name and the final responsibility for any unpaid balance will be yours.

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SIGNATURE OF PATIENT (or parent if a minor) DATE