



## Written Financial Policy

Thank you for choosing Dental Associates. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy for our patients to manage as possible by offering several payment options.

### **Payment Options:**

We accept:

- Cash, Check, Visa, MasterCard, American Express, and Discover Card
- Convenient Monthly Payment Plans<sup>i</sup> from CareCredit
  - o Allow you to pay over time
  - o No annual fees or pre-payment penalties

Please note:

**Dental Associates requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.**

For patients with dental insurance, we are happy to work with your carrier to maximize your benefit(s) and directly bill them for reimbursement of your treatment.<sup>ii</sup>

**A fee of \$25 is charged for patients who cancel the same day without a 24-hour notice. A fee of \$50 is charged if a patient no shows to the appointed time. A fee of \$25 is charged for returned checks.**

If you have any questions, please do not hesitate to ask. We are here to provide the dentistry you want, need, and deserve!

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Patient Name (*Print*) Date

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Patient Signature\* Date

\*Parent/Guardian Signature if applicable

<sup>ii</sup>Subject to credit approval