

## **Our Financial Policy**

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. To reduce our administrative costs and keep our fees to you as low as possible, we ask that you pay in full on the day of service. For this reason, we have worked hard to provide you with a variety of payment options to help you receive the quality dental care you need and deserve. Your dental treatment is an excellent investment in your medical and psychological well-being. We are always available to answer your questions or assist you in any way we can.

### **FINANCIAL POLICY**

**All our fees less than \$300.00 will be due and payable at the time treatment is rendered.**

Financial arrangements can be made for any treatment over \$300.00, however, your balance will need to be paid in full within 60 days. The arrangements are as such: **Day of service one-half of the fee is due** and the balance is to be **paid in full within 60 days.**

For our patients with dental insurance: Your insurance policy is an agreement between you and your insurance company, **we ask that all patients be responsible directly for all charges.** We are happy to assist you in filing the necessary forms to help you receive the full benefits of your coverage; however, **we can make no guarantee of any estimated coverage or payment from insurance.** Please know that we will do everything possible to see that you receive the full benefits of your policy.

### **FAILED AND BROKEN APPOINTMENTS**

We respect and appreciate your time and work hard to keep our appointments on schedule. In turn, we ask that our patients honor their appointment times. **We require 2 business days notice to cancel or change an appointment.** We reserve the right to charge for failed or broken appointments unless adequate notice is provided.

**Please sign to indicate that you have read and understand our financial policy and agreement.**

Signed \_\_\_\_\_

Dated \_\_\_\_\_

I authorize Drs. Verheul and Covello to keep my signature on file and to charge my credit card number unless I have otherwise indicated a different form of payment.

**We gladly accept Cash, Checks, Visa, MasterCard, Discover and Care Credit.**

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Credit Card Type and Account Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_ CV Code \_\_\_\_\_