

## Financial Arrangements

It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We desire to make dental treatment affordable to all of our patients. Also, to help keep the cost of dentistry down and to provide quality care to our valued patients, we only accept payments in full the day of treatment. Therefore, we offer the following financial arrangements:

1. **Cash**
2. **Check**
3. **Credit Card:** (Account# \_\_\_\_\_) (Exp Date: \_\_\_\_\_)  
We accept: VISA / Mastercard / Debit Cards / Discover / American Express
4. **Patients with Insurance:** Estimated portions not covered by insurance are due at time of service.
5. **Patients without Insurance:** Payment for all dental services are due at time of service.
6. **Patient Financing:** For patients requiring extensive treatment, payment arrangements may be made through Dental Fee Plan (DFP), a finance company for dental expenses who offers low, fixed rates.

### For Our Patients with Dental Insurance

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following information about dental insurance:

*Please understand that our responsibility is to provide you with the treatment that best meets your needs, not to try to match your care to insurance plan limitations. Dental insurance plans do not correspond to individual patients needs, and as such, many routine and necessary dental services are not covered, even though you may need those services.*

*In spite of what your plan states, we've found that many plans actually pay less than what you might expect. The benefits your plan pays are largely determined by how much your employer/union pays in premiums for the plan. The less they paid for the plan, the less you'll receive. We are happy to submit your claims and help you to receive the maximum benefits due you, but please understand that we cannot accept responsibility for collecting an insurance claim, or for negotiating disputed claims.*

A finance charge of 1.0% per month is applied on all account balances after 90 days. A NSF charge of \$25.00 will apply on each returned check.

### Appointment Policy

When you (or a family member) make an appointment, you are responsible for keeping that appointment. We will attempt to remind you of your appointment one or two days prior to the scheduled date. However, you are ultimately responsible for your scheduled appointment time. If you are unable to keep your appointment, we respectfully request 72 hours advance notice, but **require 48 business hours notice**.

### Cancellation and No Show Fees

Failed appointments, with no notice, will be charged \$50.00 per one-half hour of scheduled operatory time. Cancelled appointments with less than 48 *business* hours notice will be charged \$25.00 per one-half hour of scheduled operatory time. We reserve the right to limit future appointments to those who have a history of missed appointments.

I have read and understand the above financial, appointment and cancellation policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/or my dependents. I authorize Faith R Bult, DDS to debit my account from time to time as is deemed necessary with my credit card on file to pay my balance in full.

\_\_\_\_\_  
Patient (or Guardian) Signature

\_\_\_\_\_  
Date

