

## Written Financial Policy

Thank you for choosing us for your dental needs. We promise to always offer you state of the art dentistry and the best preventative care. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering a choice of convenient payment options. Please read and sign the following:

### Payment:

Payment is due in full at the time services are rendered.

You can choose from:

- Cash-Check- Visa- MasterCard- Discover
- Care Credit Financing-no interest payment plans (subject to credit approval)
  - 6 Months Deferred Interest for charges \$200 and above.
  - 12 Months Deferred Interest for charges \$1000 and above.

We offer a 5% courtesy accounting adjustment to non-insurance based patients who pay for their treatment with check or cash at the beginning of their dental care.

For those with dental insurance- the above policy is also adhered to on your first visit unless your benefits can be verified by our staff prior to, or by the time the services are rendered. For the first and any subsequent appointments we will collect your initial estimated portion and then bill the insurance company for the treatment. You will be responsible for any outstanding balance following insurance reimbursement.

### Short Notice Cancellation & No Show Policy:

While emergencies sometimes do happen, kindly give us 24 hour notice if you must cancel or change your appointment. Without this advance notice, a fee of \$50 could be charged to your account.

**The Dentist at Framingham 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.

### Overdue Balance:

We will send monthly statements to you if your account has an unpaid balance. After 60 days, if we have not received payment or been contacted to make financial arrangements you will be sent to the collection agency.

Returned Checks:

If a check is returned for any reason, there will be a service charge of \$25.00 to cover administrative cost levied to us by the bank.

About your insurance benefits:

Our office is happy to cooperate with individuals who are covered by dental insurance. We only ask that you carefully read your policy to be sure that you are fully aware of any restrictions that may apply to the benefits provided. Dental insurance is a contract between the dentist and the insurance company. To fully utilize your yearly insurance benefits, please plan ahead. We encourage you to make your appointments early enough in the year to allow sufficient time to complete your treatment. Do not get caught in the year-end rush.

We have made a commitment to only provide the best care to our patients. We do stand behind our work and do what is right for our patients, but we can only do that if you also commit to taking care of your dental health after our work is done. You must commit to regular dental checkups at least 2 times a year and daily preventative home care. We cannot guarantee our work if you do not stay on a regular preventative routine care schedule or show signs of neglect to your oral health.

Consent & Authorization:

I have read and understand the financial policies of The Dentist at Framingham. I understand that by receiving treatment for myself or for my dependents I authorize and accept responsibility to pay for such treatment. Fees not covered by my dental insurance will be promptly paid upon notification from this office. Without any reservations, I agree to abide by these policies.

\_\_\_\_\_  
Name of Responsible Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please list all names of your dependents:  
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