

## BUTLER HILL DENTAL FINANCIAL POLICY

Thank you for choosing us for your dental needs! We are committed to providing you with excellent care and convenient financial arrangements. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial capabilities. To confirm your understanding and agreement with our policies, please read the following:

### ***Payment:***

Full Payment is due at the time of service. If insurance benefits apply, ***estimated*** patient co-payments and deductibles are due at the time of service, unless other arrangements are made. We accept Visa, MasterCard, Discover, Cash, personal check and CareCredit.

### ***Insurance:***

Your insurance policy is a contract between you and your insurance company. As a courtesy to you, our office provides certain services, including a pre-treatment estimate which we send to the insurance company at your request. It is impossible for us to have knowledge and keep track of every aspect of your insurance. **It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you.** If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

### ***Broken Appointments:***

Our goal is to provide quality individualized dental care in a timely manner. Missed appointments and late cancellations inconvenience those individuals who need access to care. Appointments cancelled without 24 hour notice are subject to a fee of \$50.00.

### ***Overdue Balances:***

We charge 1 ½% interest per month, 18% APR for any overdue balances. If collection efforts become necessary, you will be charged a 25% collection fee, and possibly attorney fees and court costs.

I have read and agreed to the financial policy of Butler Hill Dental.

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*Signature*

*Date*