

Maury Family Dental Financial Policy

Thank you for choosing Maury Family Dental for your dental needs. We are committed to your treatment being successful. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve with respect to your budget. We are always available to answer your questions or assist you in any way we can.

Your clear understanding of our financial policy is important to our professional relationship. To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

Full payment is due at the time of service for any balance under \$200 and for all dental appliances.

Optional Payment Terms for those with Insurance:

1. **Major Service- Two payment option:** We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your co-pay at the first appointment with the second half being due at the seat date 2-3 weeks later, or final try-in for dentures.
2. **Credit Card Payment option:** We allow (with a signed agreement form) three equal installments to be made by credit card. One-third of your copay is due at the first appointment, one-third is due thirty days later, and the remaining one-third is due sixty days from the initial appointment. Our office personnel will charge these payments to your credit card on the due dates.
3. **Care Credit:** This healthcare credit program offers no interest for 6-12 months for charges of \$200 or more. There is no down payment or membership fee. The application approval process can be completed in a few minutes in our office or online at www.carecredit.com. **

Please note: Co-pay amounts are estimates based on the information we get from your insurance carrier. Any balance remaining after insurance pays its portion will be your responsibility regardless of the difference from the estimated amount. If you require and exact co-pay amount, please let our front staff know, as a pre-estimate of benefits may be sent to your insurance carrier. It takes 3-4 weeks for the pre-estimate to return.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some of the services provided may be non covered services or not be considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary fee for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Your complete insurance information may be required at the time of service. You are responsible for informing us of any changes in coverage. We can make no guarantee of estimated coverage for payment. Be assured we will do everything possible to help you receive the full benefits of your policy. Insurance claims cannot be backdated.

Optional Payment Terms for those without Insurance:

1. **Full Pay Cash Discount:** We offer a 5% discount for all treatment that is paid in full (cash, check, or credit card)
2. **Full Pay Cash Discount:** We offer a 10% discount for our senior patients, 65 years of age and older, who pay in full at the time of service.
3. **Care Credit:** This healthcare credit program offers no interest for 6-12 months for charges of \$200 or more. There is no down payment or membership fee. The application and approval process can be completed in a few minutes in our office or online at www.carecredit.com.

CASH DISCOUNTS DO NOT APPLY WHEN USING CARE CREDIT.

BROKEN APPOINTMENTS: A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointment. If you must change your appointment, we require at least a 24 hour notice. After one broken appointment without a 24 hour notice, a \$35 non- refundable cancellation fee may apply.

Signature _____ Date: _____

