

Financial Policy

Welcome to our office. It is important to us that you are perfectly comfortable regarding fees, services, or any other matter. Dental treatment requires partnership and mutual understanding between the patient and the dentist and office staff. Please ask us any time you have a question.

For amounts over \$500.00 we offer the following payment options:

- ✓ A **5%** courtesy adjustment when the entire treatment plan is paid in advance with cash or check at the time of scheduling appointment. (one week in advance)
- ✓ A **3%** courtesy adjustment when the entire treatment plan is paid in advance with Visa, Master card, Discover, or American Express at the time of scheduling your appointment (one week in advance)
- ✓ Third party health care financing program with approved credit.
- ✓ Dental insurance: We will accept your **estimated** co-payment at the time for service and file your dental benefits for you. Any remaining balance not paid becomes your responsibility.
- ✓ Payment by appointment: For example, if your treatment plan will take 3 appointments the total fee will be divided into 3 equal payments.

A NOTE ABOUT YOUR APPOINTMENT

We request that you give us at least **48 hours advanced notice** when you are unable to keep a scheduled appointment. This is necessary for the convenience of our patients needing your appointment time. All appointments missed without sufficient notice will be charge a **starting fee of \$ 50.00** This charge will be prorated based on the length of time scheduled for the short notice cancellation and/or broken appointment. If necessary, our office requires a fee of **\$30.00** for x-ray duplication.

WE ARE HERE TO HELP

We charge the lowest possible fees, which still allows us to do our very best! Close estimates of cost will be quoted after a plan of treatment has been developed. **Estimated cost of treatment** is protected for 90 days from the date originally quoted. If applicable, **estimates** of insurance coverage from the primary dental insurer will be provided when fees are quoted. Professional services are charged to the patient and the patient has the responsibility for all fees not covered by dental insurance.

We hope this clarifies our office procedure regarding payment arrangements. If you have any questions, please feel free to ask our Financial Coordinator.

I have read, understand, and agree to accept the office financial policy described above as set forth by Dr. Andre Jones.

Signed: _____ Date: _____
Patient/Parent/Legal Guardian