

Silver Creek Dental, P.C. Financial Policy

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment arrangements to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care.

To maintain the practice operations and prevent potential misunderstanding, we ask patients to accept and adhere to financial agreements regarding their dental treatment. **Payments are due at the time of service unless other payment arrangements have been made.** Any account that becomes delinquent is subject to a 1 ½% per month interest charge. Also the undersigned specifically agrees to pay all reasonable attorneys' fees and court costs in the event legal action is taken to collect on an account. The undersigned further agrees to pay an additional amount representing 40% of the principal balance if the account is referred to a collection agency or attorney for collections.

Insurance: Our office will gladly work with you to help get the maximum benefit available to you. Most dental insurance plans do not cover 100% of your cost of treatment. Because of this, you will be asked to pay your deductible and your co-payment for the charges on the day service is rendered. **We will estimate as closely as possible your coverage, but we can make no guarantee of any estimated coverage.** Because the insurance policy is an agreement between you and your insurance company, the ultimate responsibility for all charges lies with you. If after 60 days the insurance company has not paid on the claim, you will be responsible for the dental balance.

Payment Arrangements: Please select one below

- Cash or check**
- Credit Card Payment:** Visa, MasterCard, American Express, Debit Cards
- Payment Plans**

Broken and Missed Appointments: This time has been reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least **24 hour notice** to avoid a \$75.00 cancellation or no show fee. (Emergencies are an exception).

Agreement: I have read, understand, and agree to the terms and conditions listed above.

Signature: _____ Date: _____