

**DYER FAMILY DENTISTRY, PSC
FINANCIAL POLICY**

Thank you for choosing us for your dental needs. We are committed to providing you with the best possible care. The following is a statement of our Financial Policy which we request you read and sign prior to any treatment.

Payment

We accept the following forms of payment: Cash, Check, VISA, MasterCard, Discover, and American Express.

In the event in-office financing is needed, Care Credit and ChaseHealth Advance are credit lines available through a third party financier. To utilize this, you will be required to complete a credit application to be submitted for consideration for either of these credit offers.

Payment for services is due at the time services are rendered unless prior arrangements have been made with our office.

Prostheses such as dentures, partial dentures, crowns, bridges and implants are fabricated by a dental laboratory, a 50% deposit will be required at the start of the case. The remaining balance is due at the time the prosthesis is seated.

Checks that are returned to our office from your financial institution are subject to a \$25.00 returned check fee.

Insurance

Our office is committed to helping patients maximize their benefits. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Because insurance policies vary greatly, we can estimate your coverage in good faith, but cannot guarantee it. As a service to our patients, we will be happy to submit claims for you. All insurance co-pays and deductibles must be paid at the time of service.

Your complete insurance information must be presented at the time services are provided. Benefits and eligibility will be verified before you are treated.

Minors

The parent/accompanying adult is responsible for any payment due.

Financial Consent

I have read the Financial Policy. I, patient/account holder, understand and agree to be fully responsible for total payment of treatment performed in this office.

Signature of patient/responsible party

Date