



PAYMENT & OFFICE POLICY

FINANCIAL POLICY

Thank you for selecting River Park Family Dentistry as your dental care provider. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in all treatment options. This includes understanding your treatment plan as well as our financial policy.

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. For your convenience, we offer the following methods of payment:

- Full Payment Cash/Check Discount: We offer a 5% courtesy discount on all services, when fees are paid in full at the time of service.
- Full Pay Credit: We accept full or partial payment by Visa, Mastercard, Discover or AMEX.

DENTAL INSURANCE

If you have dental insurance, our office will assist you in obtaining maximum benefits available to you in your specific contract. However, your insurance is a contract between you and your insurance company. As a courtesy we will **estimate** and bill for your benefits. Please be aware that it is only an estimate and we do not guarantee payment on behalf of your insurance company. Any unpaid charges become your responsibility and we ask that your estimated portion and deductible be paid for at the time of service.

FAILED OR CANCELLED APPOINTMENTS

We kindly ask that you give us 48-hour notice if you are unable to keep your appointment. Accounts will be charged \$50-\$100 (depending on the length of the appointment scheduled) for failure to timely cancel or show up for an appointment. We will not offer appointments to patients who fail multiple appointments without having given us proper notice.

COLLECTION/DELINQUENT ACCOUNTS

Payment is due at the time of service. There will be a \$25 charge for checks returned for insufficient funds. All balances older than 90 days will accrue finance charges at the rate of 24% annually. In the event it becomes necessary to turn an account over to collections for lack of payment in accordance with our policies outlined above, you will be charged a \$100 collection fee.

I have read and understand the above information. I understand that I am responsible (regardless of my insurance) for any charges incurred from services rendered.

Signature of Patient or Responsible Party

Date