

## FINANCIAL POLICY AND PAYMENT OPTIONS FOR OUR PATIENTS

At *Bravo Smiles at First Avenue Dental Care* we believe it is important not only to provide the highest quality dental care to our fine patients, but also to make this care affordable. Please feel free to ask us any questions you may have regarding our financial options. We strive to provide the most pleasant dental experience possible.

**Regarding Insurance:** The following is important and helpful information for you:

- As a service to you, we are happy to process insurance claims
- Insurance coverage is an arrangement between you and your insurance company as a form of financial support to assist you with your dental services.
- We will do our best to obtain from the insurance company an estimate of what they will be covering, and what portion you can expect to pay.
- We ask that you bear in mind that any “*estimate*” that we obtain for you from your insurance company is only an approximate amount that they will be paying.
- The payment for Doctor’s services is an agreement between you and this office. We hope you understand that any payment not made by your insurance company to the Doctor within 45 days is your responsibility to take care of in the form of direct payment to this office.

The following are our payment options that we hope you will find flexible and convenient. Our Financial Coordinator will be happy to meet with you to provide any help necessary. We ask that you be prepared for payment at the time of service for either the full amount due or your portion as agreed upon.

- PAYMENT IN FULL** with cash, check or credit card. For amounts over \$300.00, we offer a 5% courtesy discount for payment in full at the time of service with check or cash & 3% courtesy discount with credit card.
- ESTIMATED CO-PAYMENT AT APPOINTMENT:**  
We are happy to call insurance company to obtain the “*estimate*” of what your portion will be for services rendered. That “co-payment” is due on the day of service.
- OUTSIDE FINANCING:**  
We can offer outside financing with low payments and no interest options upon approved credit.
- PRE-AUTHORIZED CREDIT /DEBIT CARD:**  
We can arrange for a monthly amount to be debited from your card.

I have read this policy and have checked the option I have selected.

### **Service Charge**

If I do not pay the entire new balance within 60 days of the monthly billing date, a service charge will be added to the account for the current monthly billing period. The service charge will be a periodic rate of 1.5% per month, which is an annual percentage rate of 18% applied to the last month’s balance. In the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future accounts.

Patients Signature \_\_\_\_\_ Date \_\_\_\_\_

***We recommend 48 business hours notice for any cancellations and charge \$50.00 for less than 24 hours.***