



# GREEN PARK

---

# DENTISTRY

## FINANCIAL POLICY

Thank you for choosing us as your dental provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to your treatment.

**FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, DISCOVER, AMERICAN EXPRESS, OR FINANCING THROUGH CARE CREDIT.**

### Regarding Insurance

We accept assignment of insurance benefits after your second visit. However, we do require a percentage of the bill to be paid at the time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your correct insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be noncovered services and not considered reasonable and necessary under your insurance benefit.

### Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates

### Missed Appointments

Unless canceled, at least 48 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

### Late Fees

Accounts not paid within 30 days of the date of invoice are subject to a 1.5% monthly finance charge excluding accounts with an established payment plan.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient or Responsible Party

I have read the Financial Policy. I understand and agree to this Financial Policy.