

## **FINANCIAL ARRANGEMENT**

Bellefonte Family Dentistry is committed our patients. We treat everyone as carefully as we would treat our friends and family. We provide comprehensive dental care in a gentle, comfortable way. Our goal is to remain on schedule so that there are no long waits or delays.

There are many things that make this dental practice special, the most important one being our caring and experienced staff. We strive to provide a relaxed and comfortable atmosphere. We are committed to providing you with the best possible care. All our patients deserve this.

In addition to making your dental experience comfortable, we work very hard to make paying for it just as comfortable. We have several ways to finance your dentistry.

For your convenience, we accept VISA, MasterCard, Discover and American Express. Upon approved credit, 3 month, 6 month, and 12 month interest free and finance charge free loans are available through CareCredit. We also accept cash or checks.

\_\_\_\_\_ **(initial)**

*Payment in Full* – Ask about our 5% courtesy adjustment for payment in full at the start of treatment for procedures over \$500. For senior patients, those 65 or older and with no dental insurance, we offer a 10 % courtesy fee reduction (except for lab cases) for payment at time of service.

\_\_\_\_\_ **(initial)**

*Patients Who Have Dental Insurance* – We welcome dental insurance. We will be pleased to answer all of your questions and call your insurance provider to verify benefits. We will help you get the most from your dental benefits. As a courtesy to you, we will bill your insurance company for you.

\_\_\_\_\_ **(initial)**

We will bill your insurance as a courtesy. If your insurance does not pay within 90 days, Bellefonte Family Dentistry reserves the right to request payment in full for services from you and let you collect the insurance funds that are due you. This is rare, but it is important for you to recognize that the insurance that you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be a part of this contract. Ultimately, you are responsible for all your charges incurred in our office.

\_\_\_\_\_ **(initial)**

Returned Check Fee of \$35 will be charged for any check returned for insufficient funds.

\_\_\_\_\_ **(initial)**

*Cancellation Policy:* If you need to change your appointment, we ask that you provide us with a minimum of 2 business days notice.

\_\_\_\_\_ **(initial)**

That is what you can expect from us. What we expect and require from you is the following: Be on time for your appointment. It is reserved for you. Provide us at least two business days advance notice of your need to change appointments. Follow through on your financial arrangements. Contact us immediately if you have questions, concern or problems.

**I have read and agree to the above policies.** \_\_\_\_\_

Signature

Date