

FALMOUTH DENTAL ASSOCIATES FINANCIAL POLICY

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality dental care using only the best material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 45 days from the date of service, you will be expected to pay the balance in full.

As a courtesy to you, we will help you process all your insurance claims. You may direct your insurance company to pay your benefits to our office by signing the authorization on the Authorization and Release Agreement of our registration form.

All co-payments and private payments are due at the time service is provided. Our office accepts cash, personal checks, Mastercard, and Visa. Outside financing is also available through the Dental Fee Plan and CareCredit upon request and approval of your application.

Returned checks are subject to a fee of \$15.00. Additionally, our office will charge for broken appointments and appointments cancelled without 24-hours advanced notice.

If you have any questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience in modern dental care.

Print Name

Signature

Date