



### **Our Financial Policy**

Thank you for choosing us as your dental provider. We are committed to providing the best dental care to our patients. Since payment of your bill is considered part of your treatment, we believe that everyone benefits when specific financial arrangements are agreed upon. The following is a statement of our Financial Policy which we require that you read and sign prior to any treatment. All patients must complete our information forms before seeing the doctor.

#### **FULL PAYMENT IS DUE AT TIME OF SERVICE.**

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AND AMERICAN EXPRESS.

WE ALSO OFFER **CARE CREDIT** WHICH PROVIDE AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

#### **Insurance**

Treatment recommendations are based on your health, not your insurance or lack thereof. We ask that all co-payments, deductibles, and services not covered by your insurance plan be paid in full at the time service is provided. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company so we cannot guarantee their payment for any services we provide. For your convenience, we will file your insurance claims for you if you provide us with the necessary information at your visit.

#### **Payment Plans**

Bradley L. Dyer, DDS PC has partnered with Care Credit, a patient financing company, to offer our patients 0% interest financing for 6 or 12 months with approval. Through Care Credit, charges of \$200 or more are eligible for the 6 month financing plan and charges of \$500 or more are eligible for the 12 month plan. No other payment plans are available.

#### **Billing**

Balances which are 60 days old or older will incur a monthly 1.5% finance charge which equals an 18% per annum rate. There is also a \$30 returned check fee.

#### **Refunds**

Refunds for overpayment will be sent after all treatment is completed and insurance has been collected.

#### **Collections**

Any account that has not received payment in 60 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office.

#### **Acknowledgement**

Should it be necessary to enforce the provisions of this agreement through an attorney or any legal proceedings, the undersigned promises to pay all costs of collection, including reasonable attorney's fees and all court costs.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_