

# FINANCIAL POLICY FOR HAMPSTEAD FAMILY DENTAL

Thank you for choosing us as your dental health care provider. We believe that all patients deserve the very best dental care we can provide and 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.

## Regarding Insurance:

Any co-payments, deductibles, and any services not covered by your insurance plan are required to be paid at the time this service is provided. With the assistance of updated software, we are able to give you a very good estimate of what your portion of the treatment will be. If there is a difference after your insurance company has paid, we will make the appropriate adjustment, to send you a bill or a refund accordingly.

The balance is your responsibility, whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. If your insurance company has not paid within 45 days, the balance will become your responsibility.

## Payment Plans:

Our office does not provide in-house payment plans. Payment is due on the day of service. We do partner with Care Credit, a patient financing company, to offer our patients 0% interest financing for 6, or 12 months, with approval. No other payment plans are available.

## Missed Appointments:

Unless given a 48 hour notice, our office policy is to charge a last minute cancellation fee. We do have an automated confirmation system that confirms your appointment via Text and/or Email. Please help us serve you better by keeping scheduled appointments. Excessive cancellations and no shows will result in termination of our treatment agreement.

I have read and understand the above Financial Policy for Hampstead Family Dental.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name if Minor (of Patient) \_\_\_\_\_

Relationship To Patient \_\_\_\_\_ Date \_\_\_\_\_