



Dentistry For Children and Young Adults

## **-Office Financial Policy-**

In our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment.

- 1. 5% Discount for payment in full at time of service on balances exceeding \$100.00**
- 2. VISA or MasterCard**
- 3. Care Credit /Wells Fargo Financing**

We will, as a courtesy, process your insurance claims in our office. **All questions regarding your insurance benefits must be addressed to your insurance carrier.**

I agree that I am fully responsible for the total payment of all procedures performed in this office – this includes any treatment that is not a benefit of any dental insurance that I may have. **I understand that any estimated portion, not covered by insurance, is due at the time of service for all services rendered.** After insurance has paid I understand that any remaining balance will be my responsibility. Any outstanding balance that has not been paid by 90 days from the date of service will accrue a finance charge of one and on half (1 ½%) per month interest, eighteen (18%) per year. A collection notification will be sent to delinquent accounts after 90 days from the last day which treatment was rendered.

We are here to assist you in any way possible. Please make your questions and concerns known to our team...Our goal is to ensure that you have an outstanding experience.

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SIGNATURE OF RESPONSIBLE PARTY

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DATE

*“Taking care of the little person in all of us”*

Drs. Bruce Toillion, Charlie Toillion, Andrew Garabedian, Dave Toillion, and Chris Herzog