



## Written Financial Policy

Thank you for choosing Branford Dental Office. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. We are committed to providing excellent dental treatment to all of our patients. Our fees reflect our team's level of expertise and the quality of care we deliver.

### **Payment**

We offer several payment options for your convenience:

- We accept Cash, Check, Visa, MasterCard, Discover and American Express
- We offer convenient monthly payment options from Care Credit Healthcare Credit Card

There is a **\$25 fee** for returned checks

### **Insurance**

Our office is committed to helping our patients maximize their benefits. Dental insurance is becoming extremely complex. We are always available to answer your questions. Nevertheless, your insurance policy is an agreement between you and your insurance company. As a dental provider, we are not party to that agreement. As a courtesy, we are happy to submit to and work with your carrier to maximize your benefit.

Any insurance information is strictly an estimate. We will attempt to verify eligibility before your appointment, but this is not a guarantee of payment from your insurance company.

### **Missed Appointments**

We value your time, as well as ours. Therefore, there is a fee of \$65 per hour for patients who cancel without a 48-hour notice.

### **Financial Consent**

The patient (account holder) agrees to be fully responsible for total payment of treatment performed in this office. I understand and agree to this Financial Policy and Agreement.

Furthermore, I authorize release of any information relating to this claim or any insurance information. I understand that I am responsible for all dental treatment not covered by my insurance.

\_\_\_\_\_  
Signature of patient/responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of patient/responsible party