

Financial Policy

Our Primary goal is not to allow the cost of treatment prevent you from benefitting from the quality care you need or desire. In our office, we strive to maximize your insurance benefits and make any remaining balance easily affordable.

Our fees are based on the quality materials we use and the time, effort, and skill required in performing your needed treatment. We charge what is the usual and customary for our area. We will assist you with your benefit eligibility before treatment to help you calculate your cost and maximize your insurance. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health. Ultimately, however, you are responsible for all charges that are not covered by insurance.

We accept the following forms of payment: Cash, Check, Visa, MasterCard, American Express and Discover. In addition, we offer care credit, a patient payment program offering a full range of No interest and extended payment plans for treatment fees from \$1 and up.

Payment for services is due at the time of services are rendered unless prior arrangements have been made. Checks that are returned to our office from your financial institution are subject to a \$35.00 returned check fee. This fee covers the processing fees that are charged to our office.

I understand that if I do not pay the entire new balance within 15 days of the monthly billing date, I will be subject to a late charge of 1.5% which will be assessed each month on the balance then unpaid and owed. In case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect this amount or any future outstanding account balance.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often, financial misunderstandings can be managed with a phone call. Please feel free to contact our wonderful staff at any time to discuss any concerns you may have.

Thank you for understanding our Financial Policy.

DEPOSIT POLICY

Due to the extensive amount of time our staff and doctors devote to preparing and reserving amounts of time preparing for your visit. Broken and missed appointments create scheduling problems for our team as well as other clients. If you find that you must change your appointment, we require a minimum of 48 hours' notice so that we may make every effort to accommodate other clients. If proper notice is not received, a fee of \$25.00 will be charged for every hour allotted time cancelled to your credit card on file.

CONSENT FOR SERVICES

I authorize the doctor and staff to perform any necessary services needed during diagnosis and treatment.

I authorize the provider to release any information required to process insurance claims.

I have read and agree to the consent for services, financial policy and the cancellation policy of Elite Dentistry of Habersham. I agree to a credit card on file that may be charged for violation of these policies or upon my approval for services rendered.

Signature

Date