

## **ELKTON-BEAR DENTAL ARTS**

### **Financial Policy**

For all amounts under \$500.00, we require payment in full at the time of service.

We accept:

1. Cash
2. Personal checks
3. MasterCard, Visa, and Discover (minimum charge of \$10.00)

For amounts over \$500.00, we prefer one of the following payment options:

1. Payment in full at the time of service (cash, credit card, or personal check)
2. A cash discount for services over \$500.00
3. 60% down to begin treatment, with the remaining 40% due upon completion of treatment
4. Low monthly payments available through our third-party affiliates

Accounts without prior financial arrangements are due in full within 90 days from the first day of treatment. Balances remaining after 90 days will be referred to our collection agency and will incur an additional processing fee. All returned checks will be subject to a \$50.00 fee.

Estimates from insurance companies are just that—estimates. The patient or guarantor is responsible for any remaining balance.

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#### **Cancellation Policy**

A \$75.00 fee will be charged for appointments canceled or broken without at least 48 hours' notice. This policy is in place because last-minute cancellations prevent us from offering the appointment to other patients.

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#### **Alternative Benefits**

Some insurance companies only cover amalgam (silver) fillings on back teeth. However, we place composite (tooth-colored) fillings on back teeth. If your insurance company applies an alternative benefit, you will be responsible for the difference in cost.

We may take before-and-after photographs of your teeth; however, identities will not be revealed.

A protective medical handling fee will be applied to all restorative procedures.

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I understand and acknowledge that I am fully responsible for the payment of all costs associated with the services, treatments, procedures, and/or diagnostic methods performed by the dentist and staff within this practice.

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