

ELKTON-BEAR DENTAL ARTS
Financial Policy

For all amounts under \$500 we require payment in full at time of service.

We accept:

1. Cash
2. Personal Checks
3. MasterCard and Visa (minimum of \$10.00)

For amounts over \$500 we prefer one of the following options:

1. Payment in full at time of service (cash, credit, personal checks)
2. 60% down to begin treatment-40% at completion of treatment
3. Financing through one of our third party affiliates

Accounts without prior financial arrangements are due in full within 90 days from first day of treatment. Balances after 90 days will be referred to our collection agency and incur an additional processing fee. All returned checks will be subject to a \$75.00 fee. INITIALS_____

Estimates from insurance companies are just that-estimates. The patient is responsible for any remaining balances. INITIALS_____

A charge of \$20.00 will be due to request copies of x-rays and records. INITIALS_____

There will be a charge of \$75.00 for appointments broken without 48 hours notice. We do this because the opportunity to offer this to others is lost. INITIALS_____

Some insurance companies will only pay for amalgam fillings (silver) on back teeth. We place composite fillings (tooth color) on back teeth. Should your insurance company use this ALTERNATIVE BENEFIT you will be responsible for the monetary difference. INITIALS_____

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

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

I understand and acknowledge that I am fully and completely responsible for the payment of all costs associated with the services, treatment, procedures and/or diagnostic methods performed and utilized by the dentist and others. INITIALS_____