

HIGH POINT DENTAL

Written Financial Policy

Thank you for choosing High Point Dental. Our primary mission is to deliver the best and most comprehensive dental care available.

When treatment plans are presented, the expected insurance payment is an estimate. If for any reason the Insurance Company does not pay the amount estimated, I will be responsible for the difference.

Payment Options: Cash, Check, Visa, MasterCard, Discover, or CareCredit

All accounts are charged 1.5% per month interest (18% per year) 30 days from treatment date. There is a charge of \$25 for returned checks.

If it becomes necessary for my account to be turned over to a collection agency, I will be responsible to pay all costs of collections, including attorney fees.

As a courtesy, we will file your claim for you. We accept direct payment from most insurance companies. We will estimate your deductible and the portion not covered by your insurance is due at the time of treatment. Our estimates may be different than your insurance company's calculations; therefore, the amount due our office may be adjusted accordingly. If insurance has not paid the claim within 60 days, patient is responsible to pay for services rendered and then be reimbursed when insurance payment is received.

Payment for services is expected at the time service is provided. If treatment requires multiple appointments, payment may be divided over the number of appointments. If an extended payment plan is desired, please ask us about the CareCredit program.

We reserve a specific block of time for each of our patients. An appointment with you is a bond of trust that we will be here to serve you. We expect you to be present for each of your appointments. It is extremely difficult to provide you with the kind of treatment that you expect from us with constant short notice changes to our schedule. As a result we will charge \$45 for all cancellations made less than 24 hours in advance. Verifiable sickness and emergencies will be excluded from this charge.

Patient Signature

If a minor, Signature of Parent or Guardian

Date