

**ARCADE-SPRINGVILLE DENTAL ARTS GROUP**

**FINANCIAL POLICY**

1. All services are to be paid for the day they are performed by check, cash or credit card. Insurance copays are to be paid the day services are rendered by check, cash or credit card. At this time we are participating providers for Delta Dental PREMIER. As a courtesy to our patients we will send claims into any insurance company as non-participating provider. You are responsible for any costs the insurance company does not cover.
2. Endodontic treatment, crowns, bridges and dentures require a signed financial agreement by the patient or guardian. ½ of expected fee is due when treatment begins including estimated insurance copays. The final balance is due on the day service is completed.
3. A \$5.00 billing charge or a monthly 1.5% is assessed if it is necessary to send more than one statement due to non-payment.
4. If this account goes to our collection agency, you will be responsible for all legal and 35% collection fees. You and anyone on your account will be dismissed as patients from the practice.
5. The charge for a returned check is \$20.00.
6. Our policy is to charge \$25.00 for a failed or cancelled appointment without the courtesy of 24 hour notice.
7. For divorced or separated families: the parent bringing the child for treatment is financially responsible.

I have read and understand the above mentioned financial policy of the Arcade-Springville Dental Arts Group and I agree to the terms and conditions of this policy.

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(Please sign here)

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(Please print here)

DATE \_\_\_\_\_