

ARCADE-SPRINGVILLE DENTAL ARTS GROUP LLP
FINANCIAL POLICY

1. All services rendered are to be paid on 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. As a courtesy to our patients we will send claims into any insurance company as a participating or a non-participating provider. We are participating with most major dental insurances. (Delta Premier *Dr Smith Only*) **You are responsible for any costs the insurance company does not cover.**
2. Endodontic treatment, crown, bridges and dentures require ½ of the payment on the day services are started and the second ½ of the payment is due on the day the service is completed. If the above is not possible, please notify us before services are rendered so alternative financial arrangements can be made.
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 collections you will be responsible for all legal and 35% collections 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 missed or cancelled appointment without the courtesy of 24-hour notice.**
7. Our policy for divorced or separated families: **The parent bringing in the child for treatment is financially responsible.**

(Please sign here)

(Please print here)

Date _____