

Brandon Turley, DMD, PC

Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful and comfortable. This office is also committed to keeping the cost of dental care down; therefore we ask you to pay your portion at the time of service. All of our patients insured or not, receive excellent care utilizing advanced technology and are charged the same fees.

We accept the following forms of payment:

Cash, Check or Credit Card (Visa, MasterCard, Discover, American Express)

We offer a 5% accounting reduction on all services when fees are paid in full by cash/check 1 week prior to appointment and 3% accounting reduction with a credit card if paid in full 1 week prior to appointment. We do offer third party financing through Care Credit, a healthcare credit card offering 12mths no interest on any balance over \$200. Please ask the front office for an application and she can get you approved.

Dental Insurance:

We are pleased you have dental insurance and our office will assist you in obtaining maximum benefits available to you in your specific contract. However, your insurance is a contract between you, your employer, and the insurance company. As a courtesy to you, we will estimate and bill for your benefits. Please be aware it is only an estimate and we do not guarantee payment on behalf of your insurance company. Any unpaid charges become your responsibility. We ask that your estimated portion and deductible be paid at the time of service.

Related Information:

Payment is due at time of service. Any returned checks are subject to a \$25 returned check charge. All balances older than 90 days will accrue finance charges at the rate of 1.5% per month or 18% annually. If an outside service is necessary to collect on a delinquent account, a \$100 collection fee will be applied and you will be responsible for all other fees incurred.

Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. A notice of 48 hours is needed to avoid a \$35 missed or canceled appointment fee.

I have read and understand the above information. I understand that I am responsible (regardless of my insurance) for any charges incurred from services rendered.

Printed name: _____ Signature: _____

Date: _____