



Financial Policy

At Hayes General & Cosmetic Dentistry, we make every effort to provide you with the best dental care at the most convenient financial options. The following is a statement of our Financial Policy. We require that you read and sign this agreement.

You are Responsible for Your Bill: As the recipient of our services you are responsible for all charges associated with each of the services you receive during the course of your treatment. For your convenience, we offer the following payment options: Cash or Check**, all major credit cards, debit cards and Care Credit (ask for details). **All outstanding balances over 90 days, without prior arrangements, will be billed to the patient/responsible party. Payments not received by the specified due date will incur a late payment fee of \$25.00. Thereafter outstanding balances will be subject to collection by an outside agency, which may incur additional fees and adversely affect your credit rating.** **Returned checks will incur a \$35.00 NSF fee.

If You Have Dental Insurance As a courtesy to our patients, we are happy to file your claims on your behalf. We will make every reasonable effort to collect covered amounts from your insurance company. Deductibles, co-payments, and non-covered amounts are due at the time services are rendered. **All estimates quoted are based upon information provided to us by your insurance company. The estimates are not a guarantee of payment. The patient is ultimately responsible for all charges incurred. Insurance companies are required by law to pay claims within 30 days. After 90 days, any unpaid claims will become the sole responsibility of the patient/responsible party and will be required to be paid in full by the patient/responsible party.**

Cancellations: It is the philosophy of our office to provide optimal patient care. All patients are seen by appointment only and are scheduled with the dentist or hygienist one patient at a time. This allows us to focus our efforts on caring for and treating our patients to the best of our abilities. Thus, we require a minimum of 24 hours notice for cancellations and reschedules. This is necessary to allow us adequate time to notify patients who are on a waiting list for the first available appointment. Lack of adequate notice inhibits us from offering an exceptional standard of care to our other patients. **A fee of \$50.00 may be charged to your account for inadequate notice of cancellation, or rescheduling of an appointment with less than 24 hours notice. We appreciate your cooperation and respect of our efforts.**

I have read and understand this Financial Policy and agree to its provisions, I hereby authorize payment of any insurance benefits due to: Hayes General & Cosmetic Dentistry and authorize release of any information relating to my claim(s) to the Insurer and its agents. I also understand that I am ultimately financially responsible for and to Hayes General & Cosmetic Dentistry for the entire cost of treatment.

Signature of person Financially Responsible

Date