FINANCIAL POLICY

Welcome to our office. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. All patients must complete our Patient Information and Medical History. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

*** PAYMENT IS DUE AT THE TIME OF SERVICE***

OPTIONS OF PAYMENT = CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER OR CARE CREDIT

*** BALANCES ARE SUBJECT TO A MONTHLY FINANCE CHARGE OF 1.5% OR 18% ANNUALLY***

MINOR PATIENTS

Children under the age of 18yrs old will not be seen if a parent or legal guardian is not present. The adult signing the consent policies, regardless of divorce decree, or any other agreement is responsible for full payment.

INSURANCE POLICY

It is important that all of your insurance information is completed and correct on the Patient Information Form. Our practice is committed to provide the best treatment for our patients and our charges reflect the quality and expertise of our specialty. Our office does not participate with any insurance programs, however as a courtesy to you we will submit the insurance claim for proper reimbursement.

Your insurance policy is a contract between you and your insurance company.

***You are responsible for all charges whether your insurance company pays or not. ***

Unless canceled, at least 24hr in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

I have read and understand Dr. Eric Palte D.D.S., M.S. Financial Policy. I agree all charges are my responsibility as explained in this policy.

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Signature of Patient or Responsible Party Date