

## **FINANCIAL POLICY**

We are committed to providing the best dental care for your particular dental needs. Your treatment is very important to your health and should not be postponed by financial concerns.

To enable you to proceed without delay, our offices offers several financial options for treatment plans exceeding \$500.00.

1. A 10% pre-payment courtesy will be given when treatment is paid in full by cash or check before the day of treatment.
2. We accept. VISA, MasterCard, Discover, and American Express. A 5% courtesy will be given when treatment is paid in full before treatment has been started.
3. An interest-free Line of Credit can be established with out help to be used for your dental treatment.
4. Full payment must be made before any procedure can be completed.

### **Financial Responsibility**

I the patient understand that the primary responsibility for all fees or costs incurred on behalf of myself and/or my children for treatment are mine. If my children and/or I are enrolled in any form of insurance program, certain fees or costs of treatment may be covered or reimbursed. Any insurance payments received by Dr. Bruce's Office will be credited to my account or refunded to me if I have previously paid the fees incurred. However, I understand that I remain primarily liable for payment of all fees and costs related to treatment. I also understand that the level of reimbursement I may receive from y insurance carrier is in no way related to the manner in which Dr. Bruce's office determined its fee structures.

Our office will endeavor to make all reasonable efforts to work with clients who are experiencing a difficult time meeting their financial obligations to us. In the unfortunate event that a client's account is in arrears and no reasonable payment plan can be made or met, our office may be forced to turn that client's account over to collections. In the event that a client's account is turned over to collection, the client shall be responsible for (1) interest on any unpaid balance at the rate of eighteen percent (18%) per year, (2) reasonable attorney's fees and (3) other required costs of collection, including court costs.

Date: \_\_\_\_\_ Signature \_\_\_\_\_