

Office Payment Policy

VARIOUS PAYMENT PLANS ARE AVAILABLE FOR YOUR CONVENIENCE

To avoid any misunderstanding about your fees, you will receive an estimate for the proposed services before treatment begins. Please remember, this is only an estimate and your final bill may be different if additional necessary treatment is discovered.

A parent is responsible for services rendered to her/his child, regardless of which parent brings the child for treatment (custodial or non-custodial).

We accept MasterCard, Visa, Discover, checks, and cash.

We also have special payment plans that are interest - free for up to 12 months (24 months Invisalign) if you qualify. Please see one of our business assistants and they will gladly discuss our payment policy with you, including our 12 month interest - free plan.

To help keep our costs down, a monthly billing fee will be added to past - due accounts. Our business assistants will be happy to discuss our billing procedure and monthly billing fees.

There is a service fee of \$35.00 returned checks.

Accounts that are unpaid for a period in excess of 30 days are subject to collection by our attorneys. Accounts that are sent to our attorneys for collection are subject to fees of 33 1/3 % of the outstanding bill together with pre-collection and post-collection interest at the rate of 12% per annum and any associated costs, fees, and disbursements paid by us in connection with the collection of your unpaid bill, regardless if litigation has commenced.

DENTAL INSURANCE

Payment in full is expected at the time of each appointment. We are happy to cooperate with you regarding dental insurance and will file claims for you.

It is your responsibility to provide our office with a fully completed claim form for you and each covered family member. **It is imperative that you read your policy carefully to be completely aware of any limitations of the benefits provided.**

Please note that although you may have an agreement with your insurance carrier to pay all or a portion of our bill as due, until we receive payment, you are still responsible for the portion of the bill that you anticipate your insurance carrier will pay. If we do not receive payment from either you or your insurance carrier as required by our terms of payment, you may be subject to our collection procedures for past due accounts.

After your insurance has paid its share, the remaining unpaid balance is due in full within 15 days of your next billing from us.

I have read the above statement of financial policy and agree to accept its terms in consideration of the services rendered to me by Amherst Dental Group P.C. I further agree that the terms of the office payment policy set forth above hereby supersede, replace, and modify any prior agreement regarding office payment policy.

Signed _____

Date _____