



CHESTERFIELD FAMILY DENTISTRY

Dr Jonathan W. Silva

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Dental Services Financial Policy Acknowledgement

Here at Chesterfield Family Dentistry our goal is to help you establish excellent oral health. We are committed to helping you determine the most appropriate treatment for your dental needs and desires. Should you have questions concerning your treatment, treatment sequence, or fees for services, please ask for clarification before treatment has begun. Thank you for trusting us with your dental care. We promise to do our best to provide you with the finest care available.

Our financial policy is as follows:

- The responsibility for payment belongs to the patient.
- \$35.00 fee will be applied for ALL returned checks.
- Payment is due at the time of service, unless prior arrangements have been set
- We accept cash, personal checks, and most major credit cards including
MasterCard, VISA, and Discover
- Insurance is a contract between the patient and/or employer and the insurance company.
- We will provide estimated balances between the cost of service and co-payment of your insurance. Predetermination of benefits may be advisable if there is a question concerning coverage.
- We will accept assignment of benefits subject to verification of insurance coverage.
- Extended treatment plans will be outlined in order to provide proper financial planning
- Payment plans for certain procedures are available through our office or with CareCredit™

We reserve the right to accept or deny certain insurance plans at our discretion. If we accept your insurance plan, our estimation of your co-payment is due at the time of service. If your insurance company has not paid the full balance within 90 days, you will have 60 days to pay the balance.

Should your insurance be denied, full payment is expected at the time of service unless prior arrangements have been made through our office manager.

Please remember that you are responsible for timely payment of your account. Should it become necessary to refer your account to an agency or attorney for collection, you will also be responsible for all costs associated with the collection including attorney's fees and court costs.

In the event you are unable to keep your appointment, we do request that you kindly give us a 24 hour notice

I understand the above policy and agree to the terms herein.

Individual/Parent/Guardian/Responsible Party

Date