Sierra Dental and Orthodontics

Thank you for choosing us for your dental needs. We are committed to providing you with excellent care. Payment of your bill is a part of successful treatment. Our financial policy is based on an open and honest discussion of our fees.

Payment or Insurance co-pay due at the time of service.

We offer several options of payment for the treatment we provide.

- Cash, Checks, Visa, MasterCard and CareCredit
- Cash discounts of 5% on dental services over $300 (When fees are paid in full before the start of services.)
- Third party financing through a Dental Fee Program (Care Credit or Capital One)

Account Fees

Any account with a balance over 30 days will be charged a finance charge of 18% APR. Accounts that become delinquent will automatically be turned over to a collections agency and a processing fee of $50.00 will be charged. Any costs expended in the collections of unpaid balances, will be charged to the patient. There will be a $25.00 fee on all returned checks. In the event patient receives a discount on a large case for prepayment, those discounts will apply to the final chargeable treatment only. Discounts cannot be applied to initial treatments. **All prepayment discounts apply to last procedures of patient's treatment plan.**

Insurance

As a service to our patients, we bill your insurance company. Your policy is a contract between you and your insurance company. As a healthcare provider, we are not a party to that agreement. Insurance policies vary and services provided may not always be covered. Our office is committed to helping patients maximize their insurance policy benefits. Any unpaid claims over 60 days past the billing date are due and payable by the patient or other responsible party.

Missed Appointments

Once an appointment has been made, the time is reserved especially for you. Please be advised that the policy of this office is to charge $50.00 **per one-hour time slot blocked** for missed appointments unless you give us **24** hours advanced notice of cancellation. This courtesy enables us to better service your needs while keeping our fees low. It also allows us to accommodate other patients who want to be seen during that time.

Financial Consent

The patient and or responsible party, agrees to be wholly responsible for the total payment of treatment performed, whether or not the treatment is covered by insurance.

I understand and accept this Financial Policy.

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Signature of patient/responsible party/guardian Date