## YOUR PAYMENT PLAN OPTIONS

**Who Does YOUR Teeth** strives to offer convenient payment options while maintaining the high standard of comprehensive dental care that our patients deserve. At the onset of major treatment, we will provide you with an *estimate* of your total treatment costs. Should the need for additional treatment arise, be aware that the fees will change accordingly. Our mission is to help you afford your dental goals and needs.

If insured please understand that this will only be an *estimate* based on information provided by *your* insurance carrier. As a courtesy, we are happy to bill your dental plan provider for services, but please remember that dental plans are not designed to cover all of your dental costs. Rather, the amount your dental plan contributes toward your dental care is based on the plan selected, which is purchased by you or your employer. Our goal is to help you maximize your dental benefits. All copayments are due at the time of service unless other payment options have been agreed upon.

## Proposed Treatment:

When we refer you to a specialist for any part of your treatment, their office has their own fee schedule for your procedures. Once the Specialist has released you from their care, the following procedures may/will be performed by our office:

## **PAYMENT PLANS:**

- PLAN A: Payment in full the day of service. If you have dental benefits, we will bill for services rendered; however, all copayments are due at time of service. You may pay cash, check or use your credit or debit card to make payments. We gladly accept Visa, Mastercard, Discover, and American Express, Flex Spending Accounts.
- PLAN B: We are pleased to offer our patients an extended monthly payment plan option through a medical financing partner called *CareCredit*. Please see the front office prior to treatment for more details and to receive an application.
- PLAN C: Only for our "Extended Time" treatment plans such as Orthodontic, TMD, and Full Mouth Reconstructions where the time frame lasts for months or years, we offer in-office financing with convenient payments on an autodraft.

I, am aware of the above payment plans and accept full financial responsibility for this account and for all dentistry performed upon my dependents in this dental office. I understand that any insurance <i>estimate</i> or information given to me by this office is not a guarantee of actual insurance payment.		
Patient/ Legal Guardian Signature	Date	
Witness	Date	