



Financial Policy

Welcome and thank you for choosing Advanced Dental Care of Norton for your dental needs. You have chosen a dental practice that is committed to providing you and your family with excellent care and services. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete our information and insurance form before seeing the doctor.

In order to keep the cost of dental treatment to a minimum we require payment at the time of service. We accept cash, checks, Visa/Mastercard/Discover and American Express. We also offer an extended payment plan through Spring stone and CareCredit. Please ask the receptionist for details.

REGARDING INSURANCE

We may accept assignment of insurance benefits, if you can provide us with a dental card. It is not possible to bill the insurance without this information. Your percentage must be paid at the time of service. Your insurance policy is a contract between you and your insurance company. We are not part of that contract. We can only estimate your percentage. It is your responsibility to keep a record of how much of your benefits have been used to prevent going over your annual maximum allowed. If the insurance does not pay their portion within 60 days, that balance is your responsibility.

USUAL AND CUSTOMARY RATES.

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

MINOR PATIENTS

Minors must be accompanied by a parent or guardian who is responsible for payment and treatment decisions. For unaccompanied minors, treatment will be deferred until a parent or guardian is present.

MISSED APPOINTMENTS

If you cannot keep your appointment we require 48 hours' notice. Our Policy is to charge for missed appointments if you do not notify us within ample time. Please help us better serve everyone by keeping scheduled appointments.

Thank you for choosing our office. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy's conditions.

Signature of Patient: _____ Date _____