## **Written Office and Financial Policy**

Thank you for choosing Dr. C. R. Edwards. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

## **Payment Options:**

You can choose from:

- Cash, Visa®, MasterCard®, American Express® or Discover Card®

We offer a courtesy accounting adjustment to patients who pay for their treatment with Cash at the start of treatment for treatment plans of \$925.00 or more.

- Convenient Monthly Payment Options from CareCredit Healthcare Credit Card (Subject to credit approval)
  - Allow you to pay over time
  - No annual fees or pre-payment penalties

Please note:

Dr. C. R. Edwards requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. For plans requiring multiple appointments, alternative payment arrangements may be provided.

If you must cancel or miss a dental appointment, please call at least 48 hours \*(business hours) in advance. Failure to do so will result in a \$50.00 fee. For example, if you have an appointmet scheduled on a Monday at 8a.m. please cancel the appointment prior to 8a.m. the Wednesday before the scheduled appointment. Please value our time, as we value yours. We do understand that some extenuating circumstances can occur.

Dr. C. R. Edwards charges \$50.00 for all returned checks.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. We submit insurance claims as a courtesy. Your dental insurance is a contract between you and that company. We do the best we can to gather the information regarding your insurance and all fees quoted are an estimation. Ultimately, payment for services is your responsibility.

If you have any questions, please do not hesitate to a need.	sk. We are here to help y	ou get the dentistry you want or
Patient, Parent or Guardian Signature	Date	

Patient Name (Please Print)