

FINANCIAL POLICY

Today, in our world of rising prices, we are trying to keep our fee increases to a minimum by implementing clear and exact payment policies.

1. In order to keep billing to a minimum we ask that payment for services be made at the time treatment is rendered.
2. A professional credit will be given for services totaling \$500.00 or more, when paid at the time of treatment, of 5% for cash or check payment, or of 3% for a credit card payment. (We accept Master Card, Visa, and Discover.)
3. Arrangements have been made with Care Credit to provide interest differed payment plans. Information and applications are available from our front office staff.
4. We reserve the right to charge a \$50.00 per hour fee for all broken appointments, unless we are notified at least 24 hours in advance of that appointment.
5. I understand that I may incur a 1% finance charge for any balance that goes unpaid.
6. I understand that my insurance is an agreement between my insurance company and myself. I also understand that I am responsible for the balance of my dental account regardless of my insurance.
7. I understand that as a courtesy Dr. Fakler's office bills my insurance company, but should any conflicts arise it is my responsibility to handle it with the insurance company.

I have read and understand the above financial policy and agree to abide by the financial policies of this office.

Signed _____ Date _____