

RICHMOND LANDING FAMILY DENTISTRY

941 Hwy 90 A East
Richmond, Texas 77406

FINANCIAL POLICY

Thank you once again for choosing us as your dental health care provider. We are committed to the success of your dental treatment and want to provide you with the best care in the most pleasant environment. Our goal is to help you reach the best oral health possible so you can enjoy the benefits of a comfortable, functional and attractive smile.

Dental Insurance

We are happy to accept assignment of insurance benefits from your insurance company. As a courtesy to you, we will file your insurance and help you maximize your benefits. Please be aware that although we may accept your insurance, we are a non-participating provider with all insurance companies. It is important to remember that your insurance policy is a contract between you, your employer, and the insurance company. Benefits and coverage vary significantly from plan to plan. Please keep in mind that insurance is not designed to provide 100% benefit, but rather, is meant to assist you with the cost of dental care.

We strive to provide the most accurate estimate of your insurance benefits, but this is not a guarantee of coverage. **Your estimated patient portion must be paid at the time the services are provided.**

Payment

Payment in full is due at the time of service, unless prior financial arrangements are made. We do not want financial reasons to get in the way of your dental health. For your convenience, we offer several payment options:

1. Cash, Check, Credit Card (VISA, Master Card, Discover, American Express)
2. Third Party Financing with Care Credit, CitiHealth and Lending Club
3. Monthly payment plans in accordance with our office credit guidelines

There will be a minimum 1/3 down payment required at the time of service for any procedures that require the service of a laboratory. A \$35.00 fee will be charged for any returned checks. Furthermore, the patient will not be able to write another check until the full fee is paid.

Minors

Please plan to be present with children under the age of 18. If you cannot be here, please make arrangements with our staff. The parent accompanying the minor child is responsible for payment. In case of a divorce, regardless of decree, the parent who brings the child and has signed the financial agreement is responsible to pay for the child's services. We are unable to bill separate parties.

Missed Appointments

Once an appointment has been made, please remember that this time has been reserved specifically for you. We reserve the right to charge a \$50.00 fee for hygiene appointments and \$75.00 for doctor's appointments that are cancelled or missed without a 48 hour notice.

I understand and agree to this Financial Policy and Agreement

Patient/Guardian Signature

Date