

PORT DENTAL CARE

GENERAL • COSMETIC • EMERGENCY • PERIODONTICS & IMPLANTS

14806 Tamiami Trail ♦ North Port ♦ Florida ♦ 34287 ♦ (941) 282-5808

Written Financial Policy

Thank you for choosing (*office name.*). 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 but offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Master Card, American Express or Discover Card
- HSA, FSA and any other health spending account cards
- Convenient Monthly Payment Options¹ from Care Credit and Sun Biz
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties

Please note:

(*office name*) requires payment prior to 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 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.²

A fee of \$45 is charged for patients who miss or cancel more than 2 times in a calendar year without 24 hour notice.

A fee of \$35 is charged for patients who have any returned checks.

If you have any questions, please don't hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.