

Roberts Family Dentistry Payment Policy

Patients with insurance: We require that you pay an estimated copayment at the time of your service. Any charge that exceeds what your insurance company allows after possible write offs is your responsibility. Copayments vary based on your insurance plan, your deductible, your remaining benefits for the year and the rate at which it is covered. The estimate of your copayment is just an estimate. As a courtesy to you, we do our best to verify your insurance and in most cases we will submit your insurance claims. You will either receive a refund if you have overpaid or you will be billed if there is a remaining balance after insurance payments.

Patients with no insurance: We require full payment on the day of treatment. Payment may be made using most credit cards, cash or check. We do require two forms of ID with a check payment. We also offer CareCredit as a financing program.

Returned checks will be charged a \$25 handling fee. Balances over 30 days will be subject to interest charges. A deposit of \$50 will be due to reschedule a no show appointment. We ask that if you need to cancel an appointment that you give us at least a 24 hour notice so that we may open the appointment up for someone else.

Accounts with an overdue balance by more than 60 days will have a finance charge applied of 1.5%.

I confirm that I have read the above payment policy and agree to and accept it.

Date: _____

Name: _____