



Financial Policy

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care. We are always available to answer your questions or assist you in any way we can.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to financial arrangements regarding their dental treatment. Payment for dental services is due the day that dental care is rendered. We accept cash, checks, debit cards, and MasterCard and Visa.

Optional Payment Terms:

1. Full Pay Cash Discount: We offer a 10% accounting courtesy for all treatment that is paid in full by **cash or check** at the time of service and a 7% accounting courtesy for all treatment that is paid in full by **credit card** at the time of service. We will still file your insurance and payment will go directly to you the patient.
2. Major Service 2 Payment Option: We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your portion at the first appointment and the second half at the seat date appointment.
3. Credit Card Payment Option: We allow (with a signed agreement form), a Credit Card Payment option, this allows you to make three equal installments by credit card. One-third payment is due at the first appointment; the other two payments are due upon arrangements and are not to exceed sixty days from the initial appointment. Our office personnel will charge these payments to your credit card on the prearranged due dates.
4. Term Loan: By arrangement with Care Credit, we offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee, and no prepayment penalty. More flexible payment plans through this company are available upon approval. Please ask for an application.

*****After 90 days all accounts will be forwarded to Outsource Collections.*****

Appointment Policy

Broken appointments:

Your appointment is time that has been reserved especially by you, for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a **\$75.00** per scheduled hour cancellation fee.

I have read, understand, and accept the above financial policies and commitments. I also understand that if I fail to notify Oneida Family Dental 24 hours in advance of a need to change a scheduled appointment, I will be responsible to pay a charge of &75.00 as a cancellation fee.

Signature of Guarantor: _____ Date: _____

We appreciate your consideration of our time and that of all our patients! Thank You!!