

# Financial Policy

Thank you for choosing **Hamilton Dental PC**. Our primary mission is to deliver the best and most comprehensive dental care available. An essential part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. Hamilton Dental requires payments as services are rendered. Our office is not a contracted provider nor an in-network provider.

## Payment Options:

- Cash, Check, Visa, MasterCard, American Express, and Discover
- Convenient monthly payment options from CareCredit Healthcare Credit Card
  - Allow you to pay over time
  - Deferred interest options

We accept payment in thirds for treatments over \$500, and in-house financing for treatments under \$500.00, with prior approval from our Office Manager.

We offer a 5% discount for payments cash/check made at the time of service on amounts over \$500. We offer a 10% discount for patients over 70 years of age who do not carry dental insurance. This offer cannot be combined with other offers.

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. We make every effort to give you an accurate estimate of what your portion of our fees will be based on the information provided to us. However, we have no way to guarantee the actual terms of your insurance policy. If for any reason there is a balance remaining after your insurance company's payment, you will be sent a statement. For patients that have a dental insurance carrier that pays them directly, we ask for payment on the day of service.

After 30 days, finance charges of 1.5% monthly will begin accruing. An account that is 90 days past due will be turned over to a third-party collection agency unless you have already made previous arrangements with us. We dislike doing this and will do so only if all other efforts to collect your unpaid balances have failed. Once an account is turned over for collection, we will ask you to seek the services of another dentist and will no longer take responsibility for your and your family's dental care.

A fee of \$75.00 is charged for patients who miss or cancel without 24-hour notice. We charge \$45.00 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and/or need.

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Patient, Parent, or Guardian Signature

Date

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Patient Name (Please Print)