



Financial Policy

We are committed to provide you with the best possible care. In order to achieve this goal, we need your assistance and understanding about our office policy. Payment is due at time of appointment. If you have dental benefits, we appreciate your estimated portion be paid on the day of service.

Please select the desired payment method (*select all that apply*)

Cash or Check

Debit or Credit:

Visa and Mastercard

Dental Benefits:

If you have a dental plan, we are happy to bill them after your portion is paid on day of service and to help maximize your benefits. However, please keep in mind that dental plans do not determine treatment; they establish only what the insurance plan will cover based on your contracted benefits. Plans vary, so please refer to your handbook or check with your company's HR department for details. Any balances owed after benefits have been paid are solely the patients responsibility. Dr. Laws currently participates as an in network provider under Delta Dental as a Preferred and Premier Provider, CIGNA dental savings plan, United Concordia in the ELITE plus network and DeCare.

Care Credit:

Apply online at www.carecredit.com. Plans offered using Care Credit will be at the discretion of the dental practice. Inquire as to which plans are currently being offered at our office.

Child or dependents:

If treatment is rendered for your child or minor dependent and any persons other than legal guardian brings the child to the appointment, payment must be sent with the child or accompanying adult on behalf of the child.

Missed appointments:

We reserve the right to charge **\$70.00** for appointments canceled or broken without **48-hour advance notice**. Please help us serve you better by keeping scheduled appointments.

Pre-determination of dental treatment:

A pre-determination of dental benefits is done only by request and is at no charge for the first submission per procedure. In the event you choose to not proceed with the treatment after the pre-determination has been processed, and it expires, there will be a \$25.00 administrative fee to resubmit a new pre-determination. This amount will be credited back to your account once you proceed with treatment. **Please keep in mind a pre-determination is not a guarantee of payment by your dental insurance company.**

I have read and fully understand the financial Policy and agree to abide by the guidelines that are set forth on such policy. I am agreeing to pay any and all legal fees of charges incurred if collection becomes necessary. I further understand if there is an infraction of the financial policy, I may, at the discretion of Dr. Michael Laws, not be provided any future treatment by him or his staff.

I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed upon date, I understand that a **1% late charge (12% APR)** may be added to my account. If required, I also understand a check of my credit history may be made.

Patient's signature

Date

Parent/Responsible Party's Signature

Relationship to patient