Written Financial Policy 03/02/21

Thank you for choosing our dental practice. 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 easy and manageable for our patients by offering several payment options.

Payment Options:

You can choose from:

1. **Cash, Check, Visa, Mastercard, American Express, and Discover**
   - To our fee-for-service patients (non-insured), we offer 5% discount when you pay by check or by cash for treatment of $1000.00 or more on the first visit of restorative treatment that requires a follow-up visit.
   - Senior patients (65 years or older) who DO NOT have insurance, can receive a 5% discount when paying with cash or check ON the day of service.
2. **Care Credit - a no-interest Payment Plan**
   - Allows you to pay services in excess of $200 over 6 months with NO INTEREST if paid within the promotional period. Otherwise, interest assessed from the purchase date.
   - A convenient, low monthly payment plan available. Minimum monthly payment required through CareCredit.
   - No annual fees or pre-payment penalties. Subject to credit approval.

Please Note: Dr. Fishbaine requires payment on the first day of your treatment.

For patients with dental insurance, if your plan pays toward out-of-network dental services and you provide us with your subscriber information, we will submit your claims and try to maximize your benefits.

- Delta Dental, Blue Shield, Aetna, MetLife, or United Concordia insurance, full payment is expected at the time of service; and we will provide the service of submitting claims for you.
- For patients with SCASD Delta Dental, a yearly deductible is due at the time of the first services for the year
- For patients with other dental insurance, the front desk will explain our procedure. In most cases, you will be asked to pay in full on the day of your service, and any reimbursement will be sent to you by your insurance company.

A fee of $50.00 per appointment is charged for patients who miss or cancel more than 2 times without a 24-hour notice. There will be a $30.00 fee charge for all 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 need.

Patient, Parent or Guardian Signature: _____

Patient Name (Please Print): _____ Date: _____