



BURBADENTAL PARTNERS

Advanced Cosmetic Dentistry

FINANCIAL PLANNING

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy, which we require that you read and initial prior to any treatment.

- **Full payment is due at the time of service** unless specific arrangements are made in advance.
- We accept Cash, Checks, MasterCard, Visa, Discover and American Express.
- Please inquire about Care Credit and our flexible payment options if you should need financing.

Initials

USUAL AND CUSTOMARY RATES

Reminder: As a courtesy to our patients, we submit to your insurance company for payment for your treatment. Our practice is committed to providing the best treatment for our patients, therefore we do not allow insurance policies to dictate the costs of services performed at our office. Each patient has an insurance policy that is unique to their own allowed amounts, frequency limitations and guidelines. If a recommended service is more than allowed by your plan, or due an unforeseen clause in your plan which fails to make payment toward these services you will be responsible for the difference in price or lack of payment from your insurance benefits.

Initials

MISSED APPOINTMENTS

We understand that emergencies may arise that require a change in the time reserved for you. We value the time reserved for our patients and require a **two-business day notice** prior to that change (please note that we are closed Saturday thru Monday). **Any appointment missed without notice or cancelled on the same day will be charged a fee of \$50.00 per hour. (i.e. a two hour appointment cancellation will be charged a \$100.00 cancellation fee.)**

After 3 missed appointments or short notice cancellations you will be inactivated as a patient. We will continue to provide you with emergency care for 30 days.

If a lengthy appointment is reserved for you and it is cancelled or missed, we will require a prepayment of your portion to secure another appointment for that procedure.

Initials

I have read, understand and agree to the terms of the Financial Policy.

Signature of Patient or Responsible Party

Date