

# Financial Policy & Payment Options

*\* Payments are expected at the time services are rendered.*

We offer a variety of payment options to help you, our valued patient, receive the dental care you need. Dental treatment is an investment in your health. We realize that every person's financial situation is different. For this reason, we have outlined our flexible payment plans. Thank you for choosing our office to meet your dental needs.

## **Pay as You Go**

Pay in full using cash, check, or credit cards (Visa/Mastercard/American Express) on all visits as treatment progresses.\*

## **Senior Citizen Discount**

5% discount to those individuals over 65 years of age who pay by cash or check in full.

*There is no discount for billed services, in-network insurance patients, or Wellness Program participants.\**

## **Pre-Payment Discount**

5% discount for payment in full by cash or check at the start of treatment, resulting in a one-time payment.

*No discount for in-network insurance patients or Wellness Program participants.\**

## **In-House Wellness Program**

Affordable annual membership fee includes:

recare exams, simple cleaning, fluoride (2 per year) and xrays (1 per year)  
15% off all treatment (some exclusions apply)

## **In-House No-Interest/No-Fee Financing**

We offer the option of breaking up your treatment into monthly installments through automatic payments with credit card or bank account information.\*\*

Treatment amounts of \$300-\$2000 may be paid in 3 installments or less, with first installment due at time of service.

## **In-House Long Term Financing**

We offer the option of breaking up your more extensive treatment into monthly installments through automatic payments with credit card or bank account information.\*\*

Treatment amounts over \$2000 may be paid in 12 installments or less, with 10% due at time of service. Interest rate of 18% per annum (1.5% per month) will be applied.

## **Regarding Insurance Benefits:**

We will file your insurance claims as a courtesy for you and will accept "assignment of benefits" on your behalf.

Regardless of what we may calculate your insurance company to pay, it is *only an estimate*. The financial obligation for dental treatment is between you and this office, and is not between this office and your insurance company. We will do all that we can to get the most in benefits reimbursed for you. Please be aware that some of the services provided may not be covered or may be considered above the 'usual and customary'. You are responsible for payment of your account, regardless of any insurance company's arbitrary determination of usual and customary fees.

*\* Returned checks will void any discount and will result in FULL balance due immediately; discounts cannot be combined*

*\*\* Any returned payments for insufficient funds or incorrect card information will result in FULL balance due immediately. Reinstating payment plan will be subject to a \$30 fee.*

*Also, any account holders who have defaulted on payment will no longer be eligible for in house financing option*

*Please note: Balances 30+ days overdue that are not on a payment plan listed above will be assessed interest charges at a rate of 1.5% (18% per annum).*

I have read and agree to the above written policy and consent to the financial policy and payment options at Tranquility Dental Wellness.

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Signature of patient (or of parent/guardian if patient is a minor)

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Printed name of parent/guardian (if patient is a minor)

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Date