



Financial Information

Our utmost concern is that you receive the care that you need and deserve. We have a full time Financial Coordinator to assist you with any financial arrangements that you may need. A variety of financial solutions are available to insure that you are able to receive that care. Payment in full is expected at the time of treatment unless previous financial arrangements have been made.

We offer several options because we understand that circumstances may vary. Our Financial Coordinator will assist you in selecting the option that is best for you. **Pre-payment** with cash or check of extensive treatment (over \$1000) permits us to offer a courtesy adjustment of 5%. **Outside Financing** can also be arranged to accommodate almost any need.

For patients with **Dental Insurance**, we will assist you in every way we can (including filing and follow up) to best maximize your benefits. Office visits that amount to \$275 or less should be paid for at the time of the appointment. When we file your claim for these visits we will assign insurance benefits to be mailed directly to you. For visits over \$275, insurance compensation will be estimated by our Financial Coordinator and the remaining portion will be paid by the patient at the time of treatment. Ultimately the patient is responsible for any charges incurred.

We accept cash, checks and all major credit cards (including AMEX & Discover). All amounts 60 days past date of service are subject to service charges of 1.5% monthly with a minimum of \$5.00.

High quality dental care which, in addition to being a health bargain compared to medical care, can last 20 to 30 years and in some cases a lifetime if it is completed with careful attention to detail and cared for diligently. Excellence, high quality, and attention to detail are what we strive for. Insurance benefits are based on minimum quality *average care* and average is never good enough for our patients.

I have read and understand the financial information provided to me by Parkwood Dental Associates, PA. and agree to the terms presented to me.

Signature _____

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