## Mills & Shannon, DMD, PC

## OFFICE POLICY

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. We are always available to answer your questions or assist you in any way we can.

## **PAYMENT OPTIONS:**

- 1. **<u>Full Pay Option</u>**: You may pay in full on the date of service. We will file your insurance and payment will go directly to you.
- 2. **Estimated Co-Payment Option:** Your co-pay is paid in full on the date of service. Since we can only estimate your co-pay, you may receive a statement or a credit on your account after your insurance payment.
- 3. <u>Major Service Two Payment Option:</u> We offer a two-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of your co-payment at the first appointment and the second half at the seat date appointment.
- 4. **Payment Plan:** With approval from Care Credit, we offer our patients an interest-free loan (up to 12 months) with no down payment, no annual fee, and no prepayment penalty. Please ask for an application.

Payments are expected at the time services are rendered. We accept cash, checks, debit cards, and all major credit cards.

We accept most dental insurance and we will gladly file the claims on your behalf. Please note we are participating providers for Delta Dental.

<u>FILLING OPTIONS</u>: You have the option of restoring your teeth with either amalgam (silver) fillings or composite (tooth colored) fillings. We recommend and will place composite unless you request amalgam. Individual insurance policies may vary on their coverage of composites; some plans only cover amalgams. We respectfully ask that you be aware of the details of your personal plan.

**BROKEN APPOINTMENTS:** A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a \$35.00/hour cancellation fee.

EMERGENCIES: Please call our office for after hour emergency instructions.

RETURNED CHECK FEE: There will be a \$35.00 returned check fee for checks with insufficient funds.

Signature of Patient/Parent/Guardian

Date