



## Financial Policy

Thank you for choosing **Harrison Dental**. Our mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost for optimal patient care as easy and manageable as possible by offering several payment options.

### Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover**
- Care Credit** - No interest payment plans through Care Credit (Subject to credit approval) allow you to pay over time with NO INTEREST if paid within the promotional period, otherwise, interest will be assessed from purchase date. Minimum monthly payments required.

We offer a 3% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans of \$900.00 or more.

**\*\*Cannot be combined with any other discounts, promotional items, or with insurance plans\*\***

### Please Note:

Harrison Dental requires payment in FULL prior to the beginning of your treatment. If you choose to discontinue care before treatment completed, you will receive a refund less the cost of care received. **HSA/FSA/CREDIT CARD refunds will be issued as facility credit only.** All refunds may take up to four weeks to process and will require original receipt. Any refunds for overpayment will be applied after all treatment is completed and insurance has been collected.

As a courtesy to our patients with dental insurance we are glad to work with your carrier to maximize your dental benefits and directly bill them for reimbursement for your treatment; however, we do request that any co-payments, deductibles, any services not covered by your insurance plan be paid at the time the service is provided. It is the patient's responsibility to know their insurance benefits, including but not limited to plan coverage and maximums.

If we do not receive a payment from insurance carrier in 30 days, you will be responsible for payment of your outstanding treatment fees, and the collection your benefits directly from your insurance carrier.

**A fee of \$75.00 is charged if you miss or cancel an appointment without a 24-hour notice.**

Harrison Dental charges a \$30.00 returned check fee and per the FDCPA (Fair Debt Collections Practices Act) I understand that there will be an additional \$25.00 fee per patient to have the office analyze my account for collection proceedings. In the event it becomes necessary to begin the collections process on your account, you will be responsible for all collection costs including, but limited to, attorney fees and third-party collection services.

**I HAVE READ AND UNDERSTAND THE INFORMATION LISTED ABOVE. I HAVE NO FURTHER QUESTIONS.**

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_