



## **FINANCIAL POLICY**

**Our primary mission is to deliver the finest and most comprehensive dental care. An important part of the mission is making optimal care as easy and manageable for our patients as possible by offering several payment options.**

### **PAYMENT OPTIONS**

**You may choose from:**

- Visa, MasterCard and Discover
- Cash or Check with a valid driver's license
- Care Credit Healthcare Credit Card

### **NEW PATIENTS WITH INSURANCE BENEFITS**

**We are happy to do a complimentary benefits check with your insurance carrier.**

Procedures that are performed on your first visit will be submitted to your insurance carrier.

You are required to pay your visit in full. Your insurance will reimburse you by mail.

### **All patients Without Dental Benefits payment is due at each visit**

For Crowns, Implants, Root canals, Dentures/Partials, **financial arrangements must be finalized prior to treatment.**

**Upon completion, all financial obligations must be met.**

Treatment plans that equal or exceed the amount of \$2000.00, Drs. Gulotte and Hernandez will extend a professional courtesy of 5 % off the Total Treatment Plan. Total is due at the first appointment  
By check or cash only.

Excludes Clear Correct and non-surgical facial treatments, Botox & Juvederm.

We offer financing through **Care Credit** Healthcare Credit Card for Root canals, Crown and Bridge and Cosmetic Dentistry.  
Ask for details Approval is necessary.

### **Returned Checks**

**Returned check fee of \$50.00 will be applied to the balance.**

\_\_\_\_\_ I authorize Drs. Gulotte and Hernandez to apply payments to my account upon my approval, using Visa, master Card, Discover or Care Credit

**Billing statements are sent on the 30<sup>th</sup> of each month. A monthly late fee of 15% is applied to all balances over 90 days.**

### **APPOINTMENT CANCELLATIONS AND RESCHEDULING POLICY**

We understand that all of us, on occasion, have to cancel an appointment and reschedule.  
If you have to cancel an appointment in the future, we do kindly request that you do so  
No less than 24 hours prior to your scheduled appointment day AND time. So if your appointment  
Happens to be at 9am, please call us no later than 9am the day before. If your appointment is on a  
Monday, we will need to know the Thursday before between 9am and 4 pm.

There will be a charge of \$75.00 per Visit for any appointments that are not cancelled on a  
Timely matter. The same charge will apply for patients who do not show for their scheduled  
Appointment. In addition to this charge, we will require prepayment of services from  
Patients who continually cancel their scheduled visits.

\_\_\_\_\_  
**Patient (or guardian, if minor)**

\_\_\_\_\_  
**Date**

