

***Chester County Family Dentistry  
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## **FINANCIAL POLICY**

**We would like to welcome you to our practice and thank you for selecting us as your dental health care provider. Our goal is to not only provide you and your entire family with optimal dental care, but also feel as welcomed and comfortable as possible. Our practice is committed to providing the best treatment to our patients. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.**

### **Financial Agreement:**

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated out of pocket and deductible at the time of service. Payments may be made using cash, check, Visa, MasterCard, American Express and/or Discover. We also offer CareCredit, which is a financing option that is available for your dental expenses. A statement will be sent via mail after all insurance payments have been received and applied to your account. If your account is **90** days past due, a charge of **1.5%** will be added to your balance each month until paid. You will receive a letter stating that you have **20** days to pay your account in full.

**Partial payment will not be accepted unless otherwise negotiated with our financial specialist.**

### **Optional payment terms:**

- 1. Full pay cash/check discount:** We offer a **5%** courtesy for all services over **\$500.00** that are paid in full prior to the commencement of services.
- 2. Full pay credit card discount:** We accept full payment by Visa, MasterCard, American Express and/or Discover. If you choose to prepay for services over **\$500.00** using your credit card, we will extend a **3%** courtesy, **(this discount does not apply to American Express or Discover).**
- 3. Term loan:** By arrangement with **CARECREDIT** we can offer patients upon approval, an interest-free term loan (up to **12** months) with no down payment, no annual fee and no prepayment penalty for qualified patients. Please ask for details and a application.

**If none of the listed options assist with your dental needs, please request to speak with our financial specialist.**

**Appointment:** In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least a **48** hour notice for any cancelled appointments. After **3** missed appointments or cancelled appointments we will place you on a short-notice list, which means we will email you when an appointment time becomes available within the next 12 hours. This gives you the opportunity to know if you're busy schedule has an opening that could accommodate a dental appointment within that same day or early the following day.

**Insurance information:** As a courtesy to our insured patients, we submit claims to your insurance company free of charge. Please be aware that some services you receive may be non-covered or not considered reasonable or necessary by your insurance. We will help you to receive your maximum allowable benefits. In order to do this, we need your insurance card and/or policy with you on your first visit of every calendar year (your insurance year may not run January - December). If your insurance changes, please notify us before your next visit so we may make appropriate changes to help you receive your maximum benefits.

**Our doctors diagnose treatment based on your dental health rather than your insurance coverage.**

***Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.***

Patient's name (please print) \_\_\_\_\_

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

