

Payment Policy

Payment is due prior to treatment being rendered.

We offer three options for payment, so you can choose the method that works best for your circumstances;

*Payment in full: For treatment plans \$10,000.00 and over, we offer a 5% courtesy discount if the balance is paid in full, at the time of scheduling, with cash or check.

*Pay as you go: For each phase of treatment, we request a deposit of 25% of that appointment at the time of scheduling, to hold the time in the doctor's schedule. At the appointment, the remaining 75% of that appointment is due.

*Financing: We partner with several different finance companies to offer our patients options to make payments, participate in no interest financing plans, and/or choose extended terms up to 5 years.

Treatment Cancellation

Patients requiring prosthetic services such as crowns, veneers, bridges, etc. may cancel treatment with no charge prior to the natural teeth being prepared or altered for the prosthetic restoration. When treatment has been initiated and tooth preparation occurs, patients are liable for the full cost of services regardless if they choose not to complete treatment.

Patients requiring prosthetic services such as dentures or partials may cancel treatment with no charge within 24 hours after initial impressions have been taken. After that time, patients are liable for the full cost of services regardless if they choose not to complete treatment.

Refund Policy

You may discontinue treatment and request a refund of any credit balance at any time. We will refund any amount for treatment that you did not receive. The exception to this is if the patient has started treatment for any services that include a lab cost, such as crowns, bridges, dentures, partials, etc., the refund will be processed minus lab fees.

All refunds are processed and sent by check, regardless of method of payment.
Please allow 14 days for your refund to be mailed to you.

Any refunds for payments made with credit card or financing options will receive a full refund, minus a 4% fee of the total balance charged.

Returned Checks

Any checks returned for non sufficient fees are subject to a \$40.00 returned check fee.

PATIENT PRINTED NAME

PATIENT SIGNATURE

DATE