

FINANCIAL POLICY AND AGREEMENT

OUTSTANDING PATIENT SERVICE IS OUR GOAL

The goal of Swanson Dental Associates and staff is to make sure that you receive the highest quality dental care and service. One step is to make certain that our financial policies are clear and understood by you.

INSURANCE – WE GO THE EXTRA MILE

Upon request we are happy to provide you with estimates (not quotes) for your treatment. The benefits estimated are not guaranteed. If for any reason your insurance does not pay for your treatment, it is your responsibility to pay the remaining balance regardless of estimates we may have provided. Remember that your coverage is a contract between you and your insurer and/or your employer and your insurer. Although we will make every effort to help you obtain your benefits. We cannot force your insurer to pay.

PLEASE NOTE: We are a member dentist with Washington Dental Service/Delta Dental; however we are **NOT A PREFERRED PROVIDER (PPO)** for any dental insurance plan. If your insurance plan requires you go in a specific network of dentists to receive your maximum benefits, you may experience higher out of pocket costs in our office.

YOUR PAYMENT IS DUE AT THE TIME OF TREATMENT

Routine treatment and hygiene: your portion is due on the date of service.

Major treatment including crowns, dentures, and implants: we require a 50% deposit at the 1st appointment and the remaining balance will be due on or before the seat date/final appointment.

We accept cash, check, Visa, MasterCard and Discover. Accounts that become delinquent not paid within 60 days after billing will be charged a 12% finance charge every month until balance is paid in full. _____ **INITIAL HERE**

CANCELLATION POLICY

We understand sometimes circumstances arise that may prevent patients from keeping appointments. However, we ask that you give us a minimum of 48 hours notice if you need to make any type of appointment change. A broken appointment is a loss to 3 people, the patient who missed the valuable time, the patient that could have taken the valuable time and finally the doctor that was fully staffed and prepared for the appointment. In some cases a fee will be assessed when ample notice is not given for missed appointments. _____ **INITIAL HERE**

PATIENT SIGNATURE: _____

DATE: _____