

Payment Policy

This form explains to all of our patients the billing and payment policies expected by Sunset Dental.

We will provide you with a treatment plan estimating your cost and any insurance benefits for dental care that you may need. Payment is due at the time of service. Payment plans are on a case-by-case basis and must be approved by our financial coordinator. Payment plans must be established prior to the appointment. For patients with insurance, the **estimated** co-payment is due at the time of service. Any remaining balance after insurance has paid their portion is the patients responsibility.

Initial: _____

For treatment provided, our office accepts most major credit cards, Care Credit, and checks. Due to the current climate, we will accept cash but are unable to make change at this time – the change will remain as a credit on your account. Personal checks are accepted with a copy of proper identification. A \$35.00 overdraft charge will be posted to your personal account for each insufficient check.

Initial: _____

For any balance remaining after insurance pays our office, we will send one courtesy statement. Payment is due upon receipt of said statement. A second and third statement is subject to a \$1.00 billing charge and 1.5% interest of the balance. If the account is past-due by 90-days it will be subject to being submitted to our collection agency and an extra 35% will be added to the balance owed in order to cover time, handling of the account, and collection fees.

Initial: _____

I acknowledge that I have read the above policies, have had any questions fully answered, and agree to the policy content.

Patient: _____

Responsible Party Signature: _____

Date: _____