

## Written Financial Policy

Thank you for choosing Anderson Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available promoting optimal oral health. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options:

You may choose from:

- cash, check, VISA, MasterCard, American Express, or Discover card
- INTEREST FREE Payment Plans & Extended Payment Plans from Care Credit
  - Allow you to pay over time with NO INTEREST.
  - Convenient, low monthly payment plans up to 60 mos.

### Please Note:

For routine and preventive treatment payment is required at the day of service unless we are filing dental insurance for you. Financial arrangements are **customized** to your individual situation **based on your specific insurance coverage**. We also offer a 10% discount (for services which are \$300 and above) to patients who elect to pay via cash or check **in full** at the initial appointment for that procedure (**only offered for patients without insurance**). A 5% discount is offered if you pay **in full** with a credit/debit card at the initial appointment (for services which are \$300 and above) (**only offered for patients without insurance**). If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For plans requiring two (2) appointments, Anderson Family Dentistry requires an initial deposit on major treatment at preparation date and the balance of the out of pocket portion is due at the treatment's completion.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefits. We will file claims with your insurance to obtain reimbursement for your treatment. We participate with **CIGNA Radius, Delta Dental of VA Premier, MetLife and United Concordia**.

Anderson Family Dentistry assesses a fee of \$30 for returned checks.

Anderson Family Dentistry will charge a broken appointment fee of \$25.00 if two (2) or more appointments are broken without 24 hours notice.

If you have questions, please do not hesitate to ask. We are here to help you receive optimal care and treatment.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)