

Burlington Family & Laser Dentistry

J. Charles Mesec, DDS

To our valued patients:

Welcome to our office. We are honored that you have chosen us as your dental healthcare provider. We are committed to providing you with the best quality care, and we want to make every aspect of your visit as comfortable as possible. We therefore want to make sure that there are no surprises for you when it comes to the financial aspect of your dental health. Please review the following financial policy of our office. If you have any questions, please ask us PRIOR to beginning your dental treatment.

The full fee of your dental treatment is due the day services are rendered, unless prior arrangements are made with a member of our staff. We accept the following payment methods: cash, check, Visa and MasterCard. If you have dental insurance, we are happy to handle the submission of all claims for you to receive the maximum benefits allowed as a direct reimbursement from your insurance company.

Note: Your insurance is a contract between you, your employer and the insurance carrier. We are NOT a party in that contract. If you have a problem with your insurance coverage we ask that you speak directly to your insurance company. Your charges in the office are YOUR responsibility from the date the services are rendered. We do not base your diagnosed treatment on your insurance coverage; instead basing it on your clinical needs and desires.

Fees quoted to you are estimated. There occasionally may be a clinical condition warranting a different treatment and/or fee. Once this is determined, the change will be discussed with you prior to continuing treatment.

A \$35 NSF fee will be charged for all returned checks.

In the unfortunate event that a payment is not received within a reasonable period of time, our attorney will be advised and formal action to collect will be initiated. You will be responsible for any attorney's fees and/or collection charges that may be incurred.

Broken appointments and appointments cancelled less than 24 hours advance notice will be subject to a broken appointment or last minute cancellation fee of \$50.

Thank you for reviewing our financial policy. We will make every effort to explain your costs to you and avoid any misunderstandings so we can focus on your dental health and making your visit with us as comfortable as possible.

PRINTED NAME

SIGNATURE

Date