## Delray Family Dentistry

15300 JOG RD STE 207 | DELRAY BEACH FL, 33446 | (561) 498-3181

## **Written Financial Policy**

Thank you for choosing Delray Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. 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 can choose from:

- Cash, Visa®, MasterCard®, American Express® or Discover Card®

We offer a courtesy accounting adjustment to patients who pay for their treatment with Cash prior to completion of care for treatment plans of \$1500 or more.

- Convenient Monthly Payment Options<sup>1</sup> from CareCredit Healthcare Credit Card
  - Allow you to pay over time
  - No annual fees or pre-payment penalties

## Please note:

Patient Name (Please Print)

our goal is to maximize your dental benefits. Treatment recomme submits your insurance as a courtesy to you at time of treatment. treatment. The patient and or guarantor is responsible for the estimate due to insurance contract, frequency, maximum benefits paguarantor is responsible for the balance within 30 days.	Payment is only an estimate at the time of imated portion. If for any reason patient is no
Delray Family Dentistry requires payment prior to the completion discontinue care before treatment is complete, your refund will be	
We accept payment in thirds. For plans requiring multiple appoint may be provided. For larger, more comprehensive treatment plan secure your initial treatment appointment.	. ,
For patients with dental insurance we are happy to work with you bill them for reimbursement for your treatment. The fee collected full.	
A fee of \$50.00 on weekdays and a fee of \$75.00 for Saturday ap or cancel more than (1) one time in a calendar year without 24 ho	
Delray Family Dentistry charges \$50.00 for returned checks.	
If you have any questions, please do not hesitate to ask. We are or need.	here to help you get the dentistry you want
Patient, Parent or Guardian Signature Da	te