

Where a Beautiful Smile is Always in Style.

Because we understand the financial impact of periodontal and reconstructive procedures, we try to be flexible regarding payment options. Dr. Neely does not want any patient to go untreated due to financial conditions. Please review the following options and feel free to ask about any questions or concerns.

## PAYMENT OPTIONS WITH INSURANCE

**Option #1: No Interest Payment Plan (In-Office)**

6 Weeks No Interest (Treatment \$300.00 and under)

3 Months No Interest (Treatment from \$301-999)

4 Months No Interest (Treatment over \$1,000.00)

**\* Must leave card on file, payments charged every two weeks. We will file a claim on your behalf. After we collect Insurance payment your recurrent billing cycle will begin.**

**\*\*10% down payment on Basic & 20% on Major.**

**Option # 2: Copay**

Cleanings & Exams	No copay due at time of visit. After insurance payment has been received, you will be sent an invoice for any remaining balance.
Basic	25% Copay at visit, after insurance payment has been received, you will be sent an invoice for any remaining balance. (Includes Minor Restorative, Fillings, & Deep Cleanings)
Major	50% Copay due at initial visit, and we will file a claim on your behalf. After insurance payment has been received, you will be sent an invoice for any remaining balance . (Includes Crowns, Night Guards & appliances fabricated in a dental lab)

**Option #3: Third Party Financing – Care Credit**

6 months No Interest (For purchases over \$200)

24 months 14.9% Interest (For purchases over \$200)

Payments received after the due date on the invoice will be subject to a 10% late fee per month. All payments received 45 days beyond due date may result in being sent to a collections agency.

**Scheduling:** We do not “double book” patients. You are our top priority when you are in the chair. When there is a last minute cancellation, we are not able to fill that appointment and as a result, practice chair time is lost. Therefore we have a strict cancellation policy that without 48 hours notice there may be a \$50 charge to your account.

Email Address for Invoices: \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_