



Southpointe Dental Financial Policy

Thank you for choosing Southpointe Dental. 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 manageable for our patients. Payment is expected at time of service. We offer several payment options:

- **Cash or check-** We offer a 5% courtesy accounting adjustment to patients or check at the end of each visit.
- **Credit card-** We accept VISA, MasterCard and American Express.
- **Payment plans from CareCredit-**Interest free payment plans are available to qualified patients. These payment plans allow you to pay over time without interest, with no annual fees or no pre-payment penalties*. Apply online at www.carecredit.com

Dental Insurance

Your dental benefit program (insurance) will provide you with financial assistance for your oral health. As a courtesy to you, we will submit estimates (if requested) and claims for services completed to your insurance carrier. It should be understood that you are financially responsible to this office for all charges incurred on your account. Please be sure you understand your particular insurance as the contract is between you and your carrier. Patients with Delta Dental are required to pay for their services on the day that the services are performed, unless prior financial arrangements have been made. Our office will submit the necessary claims and the insurance company will reimburse the patient directly, Delta Dental will not pay our office.

We reserve the right to charge a minimum fee of \$30 for patients who miss or cancel and appointment without a 24-hour notice. Once an appointment has been made, please remember this time has been reserved specially for you. This better enables us to serve your needs.

Be advised that Southpointe Dental charges \$30 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you receive the dentistry you deserve.

Patient, Parent or Guardian Signature

Date

Patient Name (Please print)

*Must be paid within promotional period. Otherwise interest is assessed from purchase date. Minimum monthly payment required. Subject to credit approval.