

Payment Policy

This form explains to all of our patients the billing and payment policies expected by Sunset Dental.

We will provide you with a treatment plan estimating your cost and any insurance benefits for dental care that you may need. Our practice request payments at the conclusion of each visit. For patients with insurance, the **estimated** co-payment is requested at this time. Please note that any remaining balance, after insurance payment or denial, is the patient's responsibility to pay.

For treatment provided, our office accepts cash, check, Care Credit, MasterCard, Visa, American Express and Discover. Cash and check is preferred. When using Care Credit, there is a \$200 minimum charge requirement. Personal checks are accepted with proper identification (Driver's license or Photo ID). A \$35 overdraft charge will be posted to your account for each insufficient check.

For any balance remaining after insurance pays our office will send one statement as a courtesy. Payment is due upon receipt of the first statement. A second and third statement will be sent with a \$1 billing charge and 1.5% interest of the balance. If the account is delinquent at this point and has to be sent to collections, an extra 35% will be added on top of the balance owed. This is to cover time, handling of the account, and collection fees.

I acknowledge that I have read the above policies, have had any questions fully answered, and agree to policy content.

Patient: _____

Responsible Policy Signature: _____

Date: _____