

Franziska K. Dutton, D.D.S.

Financial Policy

Our fees are based on the quality of the products and materials we use and our experience in performing your scheduled treatment.

Our goal is not to let expense prevent you from benefiting from the quality of care you desire and need. We also realize that every patient's financial situation is different. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

- Payment is due at the time of service.
- We gladly accept Visa, Mastercard, Discover and American Express.
- Although we are unable to arrange payment plans through our office, Dr. Dutton offers financing through CareCredit a patient payment program offering a full range of No Interest & Extended Payment plans. You can apply on line at Carecredit.com or we can apply for you here at our office.
- We offer a 5% discount for all patients without insurance who pay with cash or check.
- For patients who have insurance, we will gladly bill your insurance company as a courtesy to you, however, our relationship is with you and not your insurance company, therefore any unpaid balance is your responsibility. We will provide you with the best possible estimate of your co-pay prior to your appointment. The entire estimated patient portion is due at the time of service.
- We ask that you read and be aware of your insurance benefits exclusions and frequency limitations. Every plan is different and changes do occur frequently.
- Past due balances are subject to a 2% finance charge.
- Any returned check will be charged a \$35.00 fee.

Appointment Cancellation Policy

In order to be respectful to the needs of other patients, please arrive on time for your appointment. Please call promptly if any unforeseen circumstance occurs and we will let you know if you can still be seen that day or if the appointment needs to be rescheduled for a later date.

- A **48 hour notice** is required to cancel or make changes to your scheduled appointment. If notice is not given or an appointment is missed, a **\$25 charge per half hour of scheduled time with a hygienist and \$50 per half hour of time scheduled with Dr. Dutton**. This charge will be due *prior to rescheduling your next appointment*.

I am aware that this office requires a *48 business hour* notice to cancel or change an appointment, otherwise a per hour charge will be incurred. I am aware that payment is due at the time of service and any outstanding balance will be subject to finance charges.

Patient Signature: _____ Date: _____

All of these policies were created to provide you with the best and most efficient dental care possible.
Thank you for your understanding.