

Financial Policy

Dr. Bryce McCreary, DDS

The best patient-doctor relationships are maintained when there is complete understanding of the treatment rendered and the fee.

It is ultimately your responsibility that your insurance pays. To avoid misunderstandings concerning payment of accounts, please note that **ESTIMATED payment is required in full at the time of service.**

Please indicate (by checking) which option you prefer:

- A) I will pay in full on day of treatment. (cash, check or credit card)
- B) Our office will file with your insurance carrier, **but I will pay the estimated portion on the day of treatment.**
- C) I wish to apply for Care Credit. (short term financing)

Dental insurance was not designed to pay 100% of your dental care. If you have dental insurance, we will gladly prepare and file the paperwork as a courtesy to you. However, we can only **estimate** what your insurance will pay toward services rendered. Therefore, we cannot guarantee with any certainty what amount your insurance company will pay, if any. **You will still be expected to pay any uncovered portion and deductible as services are rendered.** Should your insurance company fail to pay for **ANY REASON**, you will be responsible for the remaining balance **within 30 days** of the completion of treatment.

By signing below, I understand and agree that in the event of default, I am legally liable for all costs of collection including collection fees, reasonable attorney fees, court costs, and all other costs related to the collection of this debt.

Signature _____ Date _____.