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FINANCIAL POLICY

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality of dental care utilizing only the best materials and education available. In our process of doing so, we have formulated a financial policy to continue to provide excellent service to you and minimize our administrative costs.

- **Payment is due at the time service is provided.** Our office accepts cash, personal checks, Mastercard, Visa. Outside financing is available upon request and approved credit.
- For those of you with dental insurance, as a courtesy, we will assist you in processing your insurance claims. You may direct your insurance company to pay your benefits directly to our office by signing the authorization on the **Assignment of Benefits Agreement**. In order for our office to file your insurance claim, you must bring a completed dental insurance form or proof of insurance at each appointment. Your deductible and coinsurance, if applicable, is due when services are provided.
- All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, and not with your insurance company. Your insurance plan is a contract between you, your employer and the insurance company. Our office is not a party to that contract or any possible restrictions.
- Returned checks and balances older than sixty days will be subject to collection fees of \$25.00, at a minimum, and finance charges at the rate of 1.5% per month (18% annually). Additionally, charges may be incurred for broken appointments; and appointments cancelled without forty-eight hour advance notice.

If you have any questions regarding our financial policy, please do not hesitate to ask. We are committed to providing you with the most positive experience in dental care.

I HAVE READ, UNDERSTAND AND AGREE TO THE STATEMENT OUTLINED ABOVE.

Signature of Patient/Responsible Party

Date: _____