



Dear New patient,

We would like to welcome you to the practice of Dr. Amy Crary D.M.D. & Dr. Elizabeth Bacha D.D.S. We appreciate that you have chosen us for your dental care. Below you will find a few office policies. Please let us know if you have any questions.

Financial Policy

Our primary goal is to not allow the cost of treatment to prevent you from benefiting from the quality care that you need and desire. We are sensitive to your financial circumstances and will do everything possible to help you achieve optimum oral health.

We accept the following forms of payment: Cash, Check, Visa, MasterCard, American Express and Discover. We offer a 5% discount for all treatment over \$6000 paid upfront in cash or check. In addition, we offer financing through CareCredit, a patient payment program offering a full range of No Interest and Extended Payment Plans for treatment fees from \$2000 and up.

Payment can be divided into three payments for treatment over \$6000. The first payment is due on the scheduling date (deposit). The second payment would be due on your first visit (prep date) and the third payment at your delivery appointment.

Checks that are returned to our office from your financial institution are subject to a \$35.00 returned check fee. This fee covers the processing fees that are charged to our office.

Thank you for understanding our Financial Policy.

Deposit Policy

Due to the extensive amount of time our team and doctors devote to preparing and reserving uninterrupted time for reservations over 2 hours, we require a deposit of a 1/3 of the treatment fee to make your reservation.

Rescheduling/Change in Scheduling Policy

Our practice is dedicated to quality care and exceptional service. Our doctors and team spend extensive amounts of time preparing for your visit. Broken and missed appointments create scheduling problems for our team as well as other clients. Although we understand that emergencies may arise, a charge of \$35.00 will be assessed for cancelled or broken appointments unless a **48 hour** notice is given.

Insurance Policy

Non participating insurance plans: I understand that I am responsible for all fees at the time of dental treatment. As a courtesy to me, Dr. Crary's office will prepare and submit all dental insurance claims for my direct reimbursement.

Participating Insurance: I hereby transfer and assign all insurance benefits due me for dental treatment rendered by Aesthetic Dentistry of Stuart and authorize payment directly to provider. I authorize the release of all information necessary to process insurance claims. I understand that as a courtesy, insurance claims will be filed accordingly. If payment is not made within sixty (60) days, I understand the total balance will become my responsibility and will be considered due and payable. Should the account be referred to an attorney or collections agency, I understand I may be responsible for related fees and expenses.

Print Name Signature Date