**Financial Policy**

Thank you for choosing Pearl Dentistry Reimagined as your dental healthcare provider! We are committed to providing you with the highest quality dental care, so that you may obtain optimum oral health. The following is a statement of our financial policy, which we require that you read, agree to and sign prior to any services provided.

**Insurance**

We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer and your insurance carrier. We are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, all information that we receive from insurance is an estimate and if they do not pay their estimated amount, you will be responsible for paying the difference. Failure to keep your account current will result in being sent to collections. Please allow 6-8 weeks for insurance to process your claim.

**Cancellations and Missed Appointments**

Your appointment time is reserved specifically for you and for you only. Because of this, missed appointments or late cancellations are extremely detrimental to our day. As a result, we request at least 48 hours advanced notice if you will not be able to make your appointment. Missed appointments or late cancellations may result in fees.

**Payment**

Payment in full for your treatment is due no later than when services are rendered. Acceptable forms of payment include cash, Visa, Master Card, American Express, Discover, Care Credit and assigned insurance benefits. In the event there is a shortage due to insurance underpayment, it is our policy to charge for outstanding patient balances.

**Chargebacks**

If a chargeback is initiated after services are rendered, you will still responsible for the payment.

**Treatment**

Should further dental treatment be recommended after an examination, it is the practice's policy to receive payment prior to the beginning of treatment. At the time your treatment is scheduled, a deposit of 50% of your estimated payment for treatment is required. Once dental treatment has begun, changes in the anticipated treatment plan may be required depending on oral conditions encountered. If you choose to discontinue care before treatment is complete or if we find that the tooth is not restorable, you will receive refund less to cost of care provided, as long as adequate length of notice is given. No refunds will be given once treatment is rendered. We require a notice of 48 hour prior to treatment date to be eligible for refund. Cancellations within 24 hours of or failure to arrive for treatment appointments will forfeit your deposit. Rescheduling or cancelling of treatment appointments within 24 hours or less will result in a $100 rescheduling/cancellation fee.

**CONSENT**

I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand the responsibility for payments for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made. I further understand that a finance, re-billing, collection charge and/or will be added to any overdue balance. By signing below, you are authorizing us to call you at any number you provide including calls to mobile/cellular or similar devices for any lawful purpose. You agree to any fees or charges that you may incur for an incoming call from us, and/or outgoing calls to us, to or from any such number, without reimbursement from us.