



### **Financial Policy**

Thank you for choosing Princeton Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. We encourage you to ask questions and be involved in your treatment decisions which includes understanding your treatment plan as well as our financial policy.

#### **Financial Agreement:**

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay their estimated co-pay and deductible at time of service. Payments may be made using cash, check, Visa, Mastercard, American Express, Discover, or FSA cards. We also offer CareCredit which is a 6-12 month financing option that is available for healthcare expenses. We will mail monthly statements to all patients with an outstanding balance and a charge of 1.5% per month will be applied after 90 days.

#### Payment terms:

1. We offer a 5% prompt payment courtesy or a 10% Senior courtesy for payment in full on the day of service for treatment of \$300.00 or more.
2. As a Courtesy to our patients with dental insurance, we are happy to maximize your benefit and directly bill them for reimbursement of the covered portion for your treatment. However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment.
3. There is a fee of \$20.00 for returned checks.

#### **Appointments:**

In order to serve you better, and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep their scheduled appointments or cancel at the last minute. We require at least 48 hour notice for any cancelled appointment. After 3 missed appointments we will require a \$50.00 deposit for a hygiene appointment and a \$100.00 deposit for an appointment with the doctor in order to reschedule your appointment. This fee will go towards any treatment you may need. If you miss the rescheduled appointment, the fee becomes a missed appointment fee.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient Name (Please Print)

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Patient, Parent or Guardian Signature

Date