

Fleming Dental Group

General Information

Thank you for choosing Fleming Dental Group as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a Statement of our Financial Policy, which we require you read and sign prior to any treatment.

All patients must complete our Health History and provide us with their Dental Insurance before seeing the dentist.

If you do not have dental insurance, full payment is due at the time of service. If you have dental insurance, we will estimate the insurance portion and you are to pay the amount not covered by your insurance at the time of service. The insurance estimate is not a guarantee of payment, and you are responsible for any amount not paid by your insurance within the terms of our contract with the insurance company (i.e. in-network provider, premiere provider, etc.)

We do offer a Senior Citizens (Patient's that are 55 & older) discount if they do not have dental insurance. The discount for Senior Citizens without dental insurance is 10% off the cost of their dental treatment and payment is due on date of service.

As a courtesy of this office, most dental claims are filed electronically daily. This type of filing accelerates the claim processing for a most expedient reimbursement of benefit. Dental claims for major treatment are filed manually with supporting documents.

Patient Payment/Financing Options

Option 1) Cash/Check

Option 2) American Express/Discover/MasterCard/Visa

Option 3) Care Credit

- ◆ Same as cash, if paid in full within specific time limit / minimum monthly payment is required.

Balance \$1 - \$300

Ninety days same as cash

Balance \$301 - \$700

Six months same as cash

Balances \$1,000 or more

12 months same as cash

Balances \$1,000 or more

Extended terms with fixed interest rate

- ◆ Establish a line of credit for future treatment.

We reserve the right to charge a \$50.00 for a failed appointment when a 48-hour cancellation notice is not given.

We reserve the right to charge a 1.5% service charge on any balance over 90 days from the completed treatment date which is unpaid and considered a collection issue.

Thank you for understanding our General Information. Please sign below to confirm:
I understand and agree to the terms as outlined above.

X _____
Signature of Patient or Responsible Party

Date: _____