

Written Financial Policy

Thank you for choosing the office of Dr. Thomas Meyer & Dr. Andrew Johns. 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.

Payment Options:

You choose from:

-Cash, Check, Visa, MasterCard, American Express or Discover Card

We offer a 5% discount to patients who pay for their major treatment over \$500.00 with cash or check prior to completion of care. (Insurance & Credit Cards are exempt from this adjustment.)

- * NO INTEREST Payment Plans from CareCredit
- * Allow you to pay over time with NO INTEREST
- * Convenient, low monthly payment plans also available
- * No annual fees or pre-payment penalties

Drs. Meyer & Johns require payment the day of service.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them. You will be required to pay your deductible and the percentage the insurance does not pay for at each visit. We estimate coverage as closely as possible but there can be a discrepancy in payments. We are not responsible for these discrepancies. The charges incurred which are not paid for by your insurance, will be your responsibility.

Our office charges a service fee for returned checks.

You agree, in order for us to service your account or to collect any amounts you may owe, the office and the representatives of our debt collection agency may contact you by telephone at any telephone number associated with your account, including wireless numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. I/We have read this disclosure and agree that the office and its debt collection agents may contact me/us as described above.

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

Patient, Parent or Guardian Signature

Date