

Financial Guidelines

We are committed to providing you with the best care possible to achieve total oral health. In order to achieve these goals, we need your assistance and your understanding of our financial guidelines.

Insurance

We accept all major dental insurance payments, however we may not be an in network provider for your plan. If we are not an in network provider, review your plan details, as in many cases insurance reimbursement is very similar.

- **We are in network for Delta Dental Premier and Delta Dental PPO.**
- **No estimate is a guarantee of payment.** Please understand, you are responsible for all charges not paid by your insurance. Also, many insurance companies are excluding certain dental procedures or downgrading procedures to a lesser reimbursement level; in which case, you would be responsible for the difference.
- **Account balance credits**, due to insurance paying more than the estimated amount, will be accessed at the end of treatment due to other charges that may be applied to the account during treatment.
- **Minors must be accompanied by a parent or legal guardian.** If the parents are separated or divorced, the person accompanying the minor will be responsible for copayment at the time of service.

Payments

- **Down payments are due at the beginning of the designated appointments.** The in-house payment plan is arranged with no interest for your convenience and is not based on the number of appointments per month or year and not necessarily the length of treatment.
- **Payment Information:**
 - Credit cards are accepted (**Visa, MasterCard, Care Credit**)
 - 5% Discount for paying in full by cash, money order or cashiers' check at the start of treatment
 - 3% Discount for paying in full by **Visa or Mastercard**
 - 5% Discount for additional family members
 - Various financing options with **Care Credit®**
 - Automatic payments with credit card information kept on file with J. Orthodontics, Inc.
- **Monthly balances left over 30 days will incur a \$15 minimum monthly late fee and could be subject to interest.** We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to **contact us** promptly for assistance in the management of your account.

Short Cancelled/Missed Appointments

- **Please give 24 hours' notice** if you are unable to keep your reserved time. Unless an emergency occurs, we expect to run on time for your appointments, and we appreciate the same courtesy from you.
- **Short canceled or missed appointments** will be charged \$35.00 for your appointment.

By signing below I acknowledge I have read and understand the guidelines above.

Signature: _____

Date: _____