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Office Financial Policies

We are committed to providing you with high quality dental care. We have found that a clear understanding of our office financial policies greatly relieves some of the anxiety associated with going to a dental office.

Cash and Personal Checks - Always welcome. This entitles you to a 5% discount if paid in full at time of service. Seniors 65 years or older will receive another 5% discount (neither discount applies if you have insurance coverage).

Debit/Credit Cards - We accept Visa, MasterCard, American Express, Discover and debit cards.

Payment Plans - Available through CareCredit, 12 month no-interest financing upon approval of credit application (for treatment over \$1,000).

Insurance - Co-payments will be **ESTIMATED** and **DUE** at time of service. As a courtesy to our patients, we will submit all necessary information and bill to your insurance company. **You are ultimately responsible for your bill, regardless of insurance coverage.** Please take the time to understand your policy.

Emergencies - New patients will be seen on a cash basis unless insurance coverage can be verified.

Cancelled Checks - There is a \$35 fee for all returned checks.

Service Charges - All service charges are due to be paid within ninety (90) days, regardless of whether or not any insurance benefits have been received from your insurance company. Accounts over 90 days from date of service are subject to 1.5% interest per month. Therefore, we strongly advise that you follow up with your insurance company to expedite the payment process.

Cancellations and No-Shows - Please provide two (2) business days' notice if you are unable to keep your appointment. **There is a fee charged for same day cancellation and each no-show.** Failure to contact us or late arrival for scheduled appointments may result in the loss of privilege to schedule future appointments in our office. (These fees are subject to change.)

Collections - Any fees incurred as a result of turning a delinquent account to collections will be the responsibility of the account holder.

I have reviewed the above and hereby acknowledge that I understand the office financial policies.

Print Name _____

Signature _____

Date: _____