

Financial Policy

Thank you for choosing Cabot Family Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this 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 can choose from:

-Visa, MasterCard, Discover Card, Cash or Check

We offer a 3% courtesy accounting adjustment to patients who pay for their portion of treatment in full with cash or check prior to completion of care when patient's estimated fee is \$500.00 or more.

-NO INTEREST payment plans from Care Credit

- Allows you to pay over time with NO INTEREST
- Convenient, low monthly payment plans also available
- No annual fees or pre-payment penalties

Please note:

Cabot Family Dentistry requires payment prior to the completion of your treatment. If you choose to discontinue care before your treatment is complete, you will receive a refund, less the cost of care received.

For patients with dental insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

There is a 10% APR on all accounts 30 days and older that accrues monthly.

Cabot Family Dentistry charges \$30.00 for all returned checks.

If you have any questions, please do not hesitate to ask our Financial Coordinator.

***** I understand that I am financially responsible for all charges, whether or not paid by my insurance. I authorize the use of my signature on all insurance submissions. I also understand that if a collection agency is required to recover unpaid balances on my account, I am liable for all collection fees and/or legal fees incurred.**

Signature of Patient, Parent/Guardian or Personal Representative

Date

Print name of Patient, Parent/Guardian or Personal Representative

Relationship to Patient