



Patient Payment Policy

Thank you for choosing Orchard Meadows Family Dental & Denture Clinic as your dental care provider! Our staff is committed to providing you and your family with quality and affordable dental care. Below are our payment policy guidelines:

1. For all procedures requiring **ONLY** one appointment, payment is to be made in full at the time of treatment, minus estimated insurance benefit.
2. Procedures requiring more than one appointment to complete (IE: Dentures, Partials, Bridges or Crowns) are as follows:
 - A. **50%** of the total balance of the procedure is **required** to be paid at your first appointment of treatment, minus estimated insurance benefit.
 - B. Remaining **50%** of financial treatment balance is due on the final appointment of the treatment process, minus estimated insurance benefit.
3. **Insurance:** When applicable, all insurance deductibles, co-shares and non-covered fees must be remitted at the time of treatment. Insurance is filed as a courtesy and it is your responsibility to follow-up on your outstanding claims. If a claim is not paid by the insurance provider within 90 days, it becomes your portion to pay as well.
4. **CareCredit/LendingClub:** These options are available for you if a payment plan is preferable. Please speak with our staff for more information.
5. If the Care Credit/Lending Club options do not meet your needs, an in-house payment plan may be available to those who qualify. Please speak with our staff for more information.
6. **Invisalign:** You are welcome to schedule a free consultation. Payment is **required** to be paid in full upon acceptance of the Invisalign program.
7. **Discounts:** If mentioned at time of check out, we offer a 5% discount when paying in full with cash or check.
8. Because we are a small practice and often have a lengthy wait list of patients needing to be seen, please **notify our office at least 48 hours in advance for rescheduling or cancelling** appointments. This notice allows us to accommodate other patients who are waiting for earlier appointments.

Effective January 1, 2018, if reschedules/cancellations are not done at least 48 hours in advance or if the patient fails to show up for their appointed time, we reserve the right to charge the responsible party a \$50 fee. Repeated offenses may be cause for dismissal from our practice.

Our staff is committed to providing our patients with the utmost care. Please see the front desk if you have any questions regarding our payment policy.

Patient/Guardian Signature

Date