

## **Financial Considerations**

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Thank you for choosing Enlighten Dental. Oral health is a very important part of your medical and overall well-being. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### **\_\_\_\_\_ Payment Options**

Cash, Check, Visa, Mastercard

### **\_\_\_\_\_ Monthly Payments**

We are pleased to offer comfortable, interest-free payments through Care Credit. Payment arrangements are subject to credit approval. Applications available on request.

### **\_\_\_\_\_ Prepayment Courtesy**

For treatment over \$500 that is paid in full prior to your appointment, we offer a 8% courtesy fee reduction.

### **For our patients with dental insurance:**

*We are happy to work with your carrier to directly bill the insurance company for reimbursement for your treatment. Please keep in mind that the insurance relationship constitutes an agreement between the carrier and your employer. As such, we can make no guarantee of the amount of coverage or payment on your behalf. However, we do everything we reasonable can to help you receive the full benefits of your policy. Please understand, that you will be responsible for any estimated amounts not covered by your insurance at time of service. We can only estimate coverage, therefore you are responsible for any amounts due after insurance pays.*

A fee of \$50 is charged for a returned check. This fee covers the expenses billed to our office by your bank.

I, \_\_\_\_\_ understand that any insurance estimate given to me by this office is not a guarantee of actual insurance payment. I also understand that I am ultimately responsible after 60 days for all charges incurred for dentistry performed in this dental office upon my dependents or myself. Any insurance claim not paid in full after 60 days will become my responsibility to pay at that time.

Signature of Patient/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_