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## Financial Policy

**Thank you for choosing us as your dental care provider.** At Starr General Dentistry, Inc. we are dedicated to our patients; our goal is to assist every patient with the best treatment and continuing dental healthcare that is so important to all of us. In order to ensure that we are able to provide the care you need, we will keep you informed of the necessary treatment, the time involved as well as the fees. Often a patient fails to begin treatment because of the financial obligation, and we know dental care can be expensive, so we have programs designed to help our patients remain focused on care rather than finances. Our goal is to determine the best plan of treatment so you will know from the beginning what needs to be done.

**We are a fee-for-service practice; payment is due at each appointment.** For those who have insurance, we will verify your eligibility and estimate your insurance co-payment. As a courtesy, we will bill your insurance company and send the claims electronically on the day of service, speeding up the processing of your claim. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Please be aware that some, and perhaps all of the services we provide may be non-covered services and not considered 'reasonable and customary' under your dental insurance. You are ultimately responsible for all charges not paid by your insurance company.

### Payment Options:

We gladly accept cash, checks, Visa, MasterCard, and American Express. Additionally, we offer Care Credit and Dental Fee Plan financing, these options offer various terms of interest free financing and extended payment terms, ask for details prior to treatment. With Treatment Plans over \$1000 due from the patient, there is a 5% discount available if paying by cash or check on the day of service. For treatment plans over \$300, we offer equal payments, allowing the patient to divide the fee by the number of appointments necessary to complete that treatment. Financial Policy acceptance grants this office permission to obtain and verify your credit report for the purposes of financial arrangement approval.

### Non Payment Consequences:

We understand that unforeseen circumstances happen, so call us if are unable to make a previously agreed upon payment, communication is key to our relationships with our patients. Late charges of 18% annually will begin to accrue after 90 days. If payments are not received and we are unable to reach you, the account will be turned over to a local collection agency who will report to the major credit bureaus. Bad checks will be turned over to SCAN – a check collection company.

### Emergency Care:

All patients requiring emergency care will have financial arrangements discussed over the phone at the time they are requesting care. The fees for emergency care are payable at the time of service. The doctors perform "palliative" care treatment and will outline a treatment to address necessary treatment in the future.

Thank you and we look forward to helping you maintain your smile! Please let us know if you have any questions.

**I have read, understand, and agree to the above policies.**

Signature \_\_\_\_\_ Date \_\_\_\_\_