

BABCOCK DENTAL CENTER, P.C.

Written Financial Policy

Our primary mission is to deliver the best and most comprehensive dental care available. 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

You can choose from:

- Cash or Check
- Credit card: Visa, MasterCard or American Express
- Third party financing through Care Credit
- Three equal payments to be paid within three months
- Payment in full with a 5% courtesy discount (NOT available with any insurance co-pays or deductibles)

Please Note:

- Babcock Dental Center, P.C. requires payment for services at the time they are rendered. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.
- Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Insurance coverage is an **ESTIMATE**, not a guarantee. Should insurance coverage be less than anticipated or terminate during treatment, the remaining balance becomes the responsibility of the patient.
- **A fee of \$50 is charged for patients who miss or cancel more than 2 times without 48 hour notice.**
- Payments 10 days past due will receive a statement including a \$10 late payment charge per month. This charge will be incurred each month until the account is made current.
- In the event that services provided by Babcock Dental Center, P.C. are not paid in full within a timely manner, we reserve the right to submit your account to a collection agency.

If you have any questions, please do not hesitate to ask. We are here to help you get a healthy and beautiful smile you desire.

Patient, Parent or Guardian Signature

Date

Patient Name (Please print)