

**Belle Meade Family Dental
Financial Policy**

The following are statements regarding our dental and financial policies that we require you to read and sign prior to being seen and before initiation of any treatment.

Belle Meade Family Dental is committed to provide preventive, diagnostic, cosmetic and comprehensive dental care. We will attempt to educate and inform our patients with respect to our opinion regarding the most appropriate course of action to promote excellent dental care.

Payment is due at time of service. We accept cash, personal checks, Visa, MasterCard, Discover, American Express, and debit cards. We also have financing available upon request through Care Credit pending application approval. **There will be a 3.95% fee for any debit or credit card transactions. This fee is waived when paying by ACH, cash, or check.**

As a courtesy to you, we will file your insurance claim. However, we ask that you pay your *estimated* portion at the time treatment is rendered. Please remember that an insurance policy is a contract between you and your insurance company, employer or the Federal government. *Please be advised that any insurance benefits given to you in our office is merely an estimate and is not guaranteed until claim is filed and processed. You must assume responsibility for payment regardless of what any insurance company feels is, or is not, usual and customary. Any unpaid amount will be your responsibility.*

I verify that I have read and understand the financial policy of Belle Meade Family Dental and agree to its conditions.

Print- Patient Name

Date

Signature of patient or Legal Guardian

Relationship to patient