

# HODGES DENTAL CLINICS

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## FINANCIAL POLICY

At Hodges Dental Clinics, we are committed to offering you the finest dental care possible. In order for us to better serve you we offer the following financial options for your dental treatment. **Please check one of the following options for payment of your dental services:**

\_\_\_\_\_ Personal Check

\_\_\_\_\_ Cash

\_\_\_\_\_ Credit Card

\_\_\_\_\_ Care Credit/Capitol One (Application must be completed)

As a courtesy to you, we will file your dental insurance for you. *Please be advised that any insurance benefit given to you in this office is an estimate of actual payment by the insurance and is not guaranteed until your claim is filed and processed. Any unpaid amount is your financial responsibility.* If you have any questions regarding your benefit amount, please contact your insurance carrier.

I agree that I am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a benefit of any dental insurance benefit that I may have. I understand that all services are due to be paid in full within 90 (ninety) days of the date of service, regardless of whether or not my insurance benefit has been received. I also understand that if credit is extended to me by this office, I authorize a credit check to be mailed to me at any time.

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Signature of Responsible Party

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Date