

CARMEN McCAFFREY DMD

Office Policy Agreement

Dr. Carmen McCaffrey and her staff are committed to providing the highest quality dentistry in a positive, clean and comfortable atmosphere. Our office has been built on education, communication, honesty and sincerity. We realize that every person's financial situation is different. For this reason we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile.

Please read our office policy carefully and sign at the bottom. Understand that you are ultimately responsible for your account in our office. We know that your time is valuable and we appreciate that you value our time. Please inform our office two business days in advance, if you need to change your scheduled appointment.

Thank you and welcome to the practice.

Payment Options:

Dental Insurance:

The office is happy to cooperate with patients who are covered by dental insurance. We only ask that you read your policy to be sure that you are fully aware of any limitation of the benefits provided. We will be happy to take time to go over your insurance coverage and explain benefits to you. We do not render services based on the assumption that charges will be paid by your insurance company; however it is our goal to help you obtain the insurance coverage for which you are entitled. Please remember it is your employer that dictates your amount of coverage, not our dental office. You are responsible for all payments that apply at the time of service.

Cash or Check:

We are happy to accept payment by cash or check. In the event of a check being returned for any reason, a \$35.00 fee will be charged.

Credit Cards:

We accept MasterCard, Visa, American Express, Discover and Flex Spending *at time of service*.

Financing:

If you are interested in making monthly payments, consider one of our financial plans. An arrangement with an outside finance company allows us to offer our patients interest free payments for up to one year with approved credit.

***** **All Unpaid Balances In Our Office Will Accrue Interest After 60 Days** *****

I have read, understand and agree to abide by this policy.

Signature of patient or guarantor

Date