

Progressive Family & Cosmetic Dentistry
Spencer St. Cyr, D.D.S.
Financial & Office Policies

We are committed to providing you and your family with the best possible dental care. In order to continue to do this, we need your understanding of, and your adherence to, our office policies. Please take the time to read this statement carefully.

If you have dental insurance, **you MUST call your insurance company prior to your appointment for your benefits and eligibility. We must emphasize that as dental care providers our relationship is with you, not your insurance company. While the filing of insurance claims and checking on your benefits is a service that we extend to our patients, all charges are your responsibility from the date services are rendered.** We need all of your information to file claims. If you do not provide the correct information to us, you will be responsible for all services rendered. It is the policy of our practice to provide you with a written estimate or treatment plan outlining suggested procedures. This includes your estimated financial responsibility for payment responsibility rests with you. Your insurance is a contract between you (or your employer) and the insurance company. We are not a party to that contract. Some insurance companies reimburse according to a fee schedule. Others pay a percentage of what the insurance industry arbitrarily defines as “UCR” “or usual and customary”. This is normally set at or below the 80th percentile of nationally averaged fee profiles. Not every service is a covered benefit.

Payment is due at the time services are rendered, and must be made at each visit. This includes any insurance deductibles, co-payments, and/or missed appointment fees. We accept cash, checks, money orders, and all other major credit cards. We have an arrangement with CareCredit services to provide interest-free financing for up to 12 months upon completion and approval of a credit application.

In the unlikely event that your account is sent to a third party collection, you will be responsible for any fees incurred (interest, collection fees, etc.)

Returned checks will be subject to a \$10 fee. Any balances older than 30 days may be assessed at 1.5% per month finance charges. Since, appointment times are reserved especially for you, we reserve the right to charge a fee for repeated failed appointments, and for appointments canceled with less than 24 hours notice (unless for an emergency reason). The charge for any missed appointment range from \$25 - \$300 depending on the duration of the scheduled procedure.

We realize that temporary financial problems may affect the timely payment of your balance. If such a situation arises, we encourage you to contact us promptly for assistance in the management of your account.

Signature _____

Date _____