

Written Financial Policy

Thank you for choosing Cosmopolitan Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the 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, Visa[®], MasterCard[®] or Discover Card[®]

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with Cash prior to completion of care for treatment plans of \$500 or more.

- Convenient Monthly Payment Options¹ from Care Credit Healthcare Credit Card

- Allow you to pay over time
- No annual fees or pre-payment penalties

Please note:

Cosmopolitan Dental requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We accept payment in thirds for treatments over \$1000.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.²

Cosmopolitan Dental charges \$25 for returned checks

No Show Policy

A 'no show' appointment occurs when a patient misses an appointment without canceling by 1:00pm two (2) working days in advance. No shows inconvenience patients who need access to dental care in a timely manner. **Last minute/late cancellations are considered 'no show' appointments.** Failure to be present at the time of a reserved appointment will be recorded in your patient chart as a 'no show'. The first 'no show' will result in a **\$10-** fee being applied to your account, as well as a letter being sent to your home alerting you that an appointment was missed without canceling. If there is a second 'no show' a **\$25 -** fee will be billed to your account and a second letter will be sent. A third 'no show' will result in suspension of services and dismissal from our dental practice. Exceptions to this policy must be approved by the Office Manager.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

OF RECEIPT. I acknowledge that I received a copy of the Financial Policy. **ACKNOWLEDGEMENT**