



Soft Touch Dental Care

Financial / Billing Policy

Payment is due at the time of service. We accept cash, personal check, money orders, care credit and all major credit cards. (With photo identification)

A treatment plan, which outlines the recommended treatment, is given to you and includes estimated cost information and estimated payment responsibility. Pre-authorized estimates can be sent to your insurance company, should you request this.

If you are selecting sedation care, pre-payment of your copayment is required at your pre-operative visit one week prior to sedation care. We cannot accept payments from sedated patients on the day of your sedation dental care.

Soft Touch Dental Care requires 24 hours notice to cancel an appointment. A failed appointment fee is \$30.00 - \$90.00 without at least 24 hours notice.

My signature below indicates that my dental insurance coverage is correct and I am responsible for reporting any insurance changes immediately to the office.

Unless otherwise stated, accounts 90 days delinquent shall bear interest at the rate of 18% annually, or 1.5% on the balance at the end of each month. Should my account be referred to a collection agency and/or attorney for collection, the undersigned agrees to pay all collection costs, attorney fees and court costs.

Financial Options

Insurance Contract:

If you utilize your insurance, co-payment is expected at the time of service and from your insurance company within 30 days. If the insurance company does not pay within 30 days, the balance becomes your responsibility. You will need to contact your insurance company directly.

Please note: Estimates of insurance coverage indicated on treatment plans are estimates only. It is prudent for you to verify with your insurance company, codes are provided to assist you.

**Discount savings programs cannot be combined. **

Print Name: _____ Date: _____

Signature: _____
Patient/Parent/Responsible Party