



Financial Policy

The Center for Natural Dentistry strives to offer exceptional holistic dental care, outstanding customer service, and an unparalleled patient experience. We also want to keep our costs down and pass along the savings to you, our patients. Our regular fee for an exam and consultation is \$149 and our regular fee for an exam and cleaning is \$249. **With or without dental insurance, payment for services and products are due at time of service and/or delivery of product.**

We accept the following payment methods:

- Cash
- Check (returned checks will be assessed a \$25 fee)
- Credit Card (Visa, Master Card, American Express)
- Third Party Financial Partners (Care Credit and Chase Health Advance)

If you have dental insurance:

As a courtesy, we will file your dental claim on your behalf. From experience our patients are reimbursed by their insurance company within 2-8 weeks, depending on procedure or company. If you do not receive your reimbursement check by 8 weeks, please contact the insurance company or call our office for a status update. It is common for insurance claims to "get lost in the shuffle."

If you are not sure if "Service X" is covered by your plan, please call your insurance company first as all plans have different guidelines and regulations. Unfortunately, due to the variability of plans and coverages, The Center for Natural Dentistry cannot guarantee payment of any denomination for any procedure. In general, most dental insurance companies reimburse for substandard non-holistic treatments such as mercury amalgam fillings and it is in their best interest to pay the least amount for services and minimize claims

If you need assistance in paying for your services, we have multiple in-house options available, including Chase Health and Care Credit and we will be happy to assist you with your application. Please ask anyone in the office for more information or to start the application process.

Thank you for understanding. We are pleased to have you as a patient and look forward to serving you.

The Center for Natural Dentistry

I have read and completely understand the financial policies of The Center for Natural Dentistry. I understand I must pay for my services at the time services are performed.

Signature _____

Print Name _____

Date: _____