

Bay Area Dental Office

29 Birch street Suite 1 Redwood City CA, 94062 (650) 587-3788

Financial Policy

Thank you for choosing Bay Area Dental Office. 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:

- Cash, check, Visa, MasterCard, American Express or discover Card

We Offer a 5% Courtesy accounting adjustment to patients who pay for their treatment with cash, check, or credit card prior to start of care for treatment plans \$600.00 or more.

- Convenient Monthly Payment Plans¹ from Care Credit (I.D is required)
 - Allow you to pay over time in 6, 12 or 18 months with no interest or down payment.
 - No annual fees or pre-payment penalties

Please note:

Bay Area Dental Office requires payment prior to beginning your treatment.²

For plans requiring multiple appointments, alternative payment arrangements may be provided. For Larger, more comprehensive treatment plans of \$1,000 or more, a 50% deposit is required to secure your initial treatment appointment.

We also offer in-house financing for treatments over \$600.00. You must leave 50% of total treatment cost as down payment at start of care, and then bi-weekly payments. (I.D. required and a credit card must be left on file or post dated checks to receive in house finance). We charge 5% interest on all past due accounts 2 or more months late.

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.³ If you have any questions please do not hesitate to ask. We are here to help you get dentistry you want and need.

A fee of \$65 is charged for patients who miss or cancel appointments without a 24-hour notice.

Bay Area Dental Office charges \$45.00 for returned checks.

X _____ / _____ / _____
Patient Name (Print Name) **Patient, Parent or Guardian Signature** **Date**

¹ Subject to credit approval

² If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

³ However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for your payment of your treatment fees and collection of your benefits directly from your insurance carrier.