



Financial & Cancellation Policy

Dr. Meltzer's primary mission is to deliver the finest and most comprehensive dentistry available today. We are concerned about your dental care and want to ensure that it is performed in the most responsible manner. In order to assist you with the investment in your dental health, we have outlined our payment policy.

Our patients want to understand their financial obligations for dental services before treatment begins so that you can plan their finances accordingly. While each patient will have a customized treatment and payment plan developed prior to the start of treatment, the following guidelines are helpful for you to keep in mind.

Initial/Emergency/Single Treatment Visits

For all initial visits and single visit procedures, our policy is that payment is due in full at the time of service regardless of insurance coverage. For your convenience, we accept cash, checks, money orders and the following credit cards: Visa, MasterCard, Discover and American Express.

Multiple Visit Treatment Plans

For all treatment requiring more than one visit, you will be able to meet with our Treatment Coordinator who will review the following information with you.

A 25% deposit is required at the time the appointment is scheduled. This is a non-refundable deposit should this appointment be changed or cancelled without 3 business days' notice. The balance is due at the time of your treatment. We will be happy to file a dental claim with your insurer. Any insurance reimbursement will then be sent directly to you.

For those individuals who would prefer special payment terms, outside financing is available with Wells Fargo and Care Credit through our office, with approved credit.

Cancellation Policy

As stated above, a 25% deposit is required at the time of scheduling your treatment and this deposits not refundable should you change or cancel your appointment without 3 business days' notice. We also do not accept cancellations taken via answering machine; the call must be made directly to one of our staff members during the regular business day. We require 2 business days' notice to cancel or reschedule a routine (Hygiene) office visit. If you fail to give the required notice, you are subject to a \$30 cancellation fee.

Insurance Policy

Your insurance contract is between you, your employer and your insurance company. As a courtesy to you, our office will at no charge submit all necessary paperwork in a timely manner to your insurance carrier on your behalf. We cannot guarantee that a pre-treatment estimate is a guarantee of payment because your insurance company will not guarantee that your pre-treatment estimate is a guarantee of payment. We have experienced delays in the past on the part of insurance companies in their processing of claims. Insurance benefits and payments will be reimbursed directly to you, the patient.

Patient / Guardian Signature

Date