

## **CARMEL PROFESSIONAL DENTISTRY**

Carmel Professional Center  
6400 Carmel Road, Suite 104  
Charlotte, North Carolina 28226  
(704)542-3700

### **Financial Policy**

**This statement is to inform you of our financial policy. We are committed to providing you with the highest quality of dental care utilizing only the best materials and education available. In our process of doing so, we have formulated a financial policy to continue to provide excellent service to you and minimize our administrative costs.**

**Payment is due at the time service is provided. Our office accepts cash, personal checks, Visa, MasterCard and Discover. Outside financing is available upon request and approved credit.**

**For patients with Dental Insurance, as a courtesy, we will assist you in processing your insurance claims. You may direct your insurance company to pay your benefits directly to our office by signing on the assignment of benefits agreement. In order for our office to file your insurance claim, you must bring a completed dental insurance form or proof of insurance at each appointment. Your deductible and co-insurance (if applicable) is due when services are provided.**

**We emphasize that as your dental care provider, our relationship is with you our patient and not with your insurance company. Your insurance plan is a contract between you, your employer and the insurance company. Our office is not a party to that contract or any possible restrictions.**

**All incurred charges are ultimately the responsibility of the patient (or parent/responsible party) regardless of insurance coverage. Balances over 90 days old are subject to a finance charge of 1.5% monthly and 18% annually.**

**Returned checks are subject to a \$25.00 service fee as charged to us by our bank.**

**Additionally, charges will be assessed for broken appointments or appointments cancelled without two (2) business days advance notice.**

**If you have any questions regarding our financial policy, please do not hesitate to ask. We are committed to providing you with the most positive experience in dental care.**

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**Signed**

**Date**