

**J. Mark Bayless, D.M.D., Inc.
Brandi Faia, D.M.D.**



FINANCIAL POLICIES

Thank you for choosing us to provide your dental care. We are very proud of the fact that our practice is committed to providing quality care and a comfortable dental experience for your child. An important part of the relationship that we establish with our parents is a clear understanding of our policies regarding payment for the care that we provide.

FOR OUR PATIENTS WITH DENTAL INSURANCE:

Our goal is to help you get the maximum benefits from your dental insurance coverage. We gladly bill your insurance company for you. However, dental insurance coverage can be very unpredictable. We do not always know how much it will pay for dental services. Because of this, any estimate that we give you for your portion of the bill that you will have to pay is only an ***estimate*** and is subject to change. **We ask that you pay your estimated portion in full at each visit.** We accept cash, checks, and credit cards (Visa, MasterCard, Discover Card, and American Express). Monthly payment plans are also available through Care Credit. If, for any reason, your insurance company does not pay in a timely manner for part, or all, of the treatment provided, you are ultimately responsible for any outstanding balance.

Diagnostic x-rays in a pediatric dental office may be needed more frequently than your insurance plan allows. It is important to understand that we provide care based upon what is necessary for your child's dental health, not what is allowed under the coverage provided by your insurance plan.

FOR OUR PATIENTS WITHOUT DENTAL INSURANCE:

We ask that you pay for treatment on the day that it is provided. We accept cash, checks, and credit cards (Visa, MasterCard, Discover Card, and American Express). Monthly payment plans are also available through Care Credit.

BROKEN APPOINTMENTS:

A \$75.00 fee will be charged for a broken appointment if we are not notified 24 hours in advance.

I understand, and agree to follow, these financial policies.

Child's/Children's Names: _____

Parent's (Guardian's) signature: _____ Date: _____