

FOR A
LIFETIME

Smile



Blake E. Barnes, D.D.S.
Michael W. Louscher, D.D.S.
FINANCIAL POLICY

WELCOME TO OUR OFFICE! We thank you for selecting us to service your needs. Our entire staff is a team dedicated to providing the highest quality dental care and service to our patients. As a patient we ask that you be committed to honor your financial responsibilities to this office. The following is a list of our policies for payment of services:

1. **FIRST VISIT** - Payment in full on the date of service. We accept cash, check or VISA/MasterCard/Discover. If you have dental insurance we will submit the claim. If we are able to verify insurance coverage, your deductible/co-insurance will be due in full at the first visit.
2. **SUBSEQUENT VISIT** - For patients without dental insurance payment will be expected at the time of service. For patients with dental insurance, co-payments will be due at each visit. We offer payment plans through "Care Credit" in which you may apply for. A finance charge will be computed on unpaid balance 90 days and over. The maximum periodic rate and **ANNUAL PERCENTAGE RATE** are determined by the laws of the patient's state of residence. The **FINANCE CHARGE** assessed on your account will be **ANNUAL PERCENTAGE RATE OF 18.0%**.
3. **Crowns/Bridges**-For major restorative procedures we require 1/2 down at the start of the treatment for crowns/bridges. A financial arrangement may be made through "Care Credit" for the remaining balance if you qualify, otherwise payment will be due in full upon delivery of completed treatment.
4. **Dentures/Relines/Repairs/ etc. Lab charges** - 1/2 down payment will be required at the start of treatment for Dentures/Partials. A financial arrangement may be made through "Care Credit" for the remaining balance if you qualify, otherwise payment will be due in full upon delivery of completed treatment. Payment of lab charges for relines, repairs etc. will be required in full at the time of completion.
5. **Broken Appointment** - A broken appointment is defined as not receiving notice within 24 hours of not keeping an appointment. The first time - explanation, second time \$25.00 may be charged; third time - referred out of the practice.
6. **Out of State** - Patients who reside out of state will be required to pay for services as they are rendered.

I understand and agree to honor my financial commitment to Barnes & Louscher, D.D.S., LLC as outlined above.

Signature of account holder

Date