



## HARBOR SQUARE DENTAL

120 WEST DAYTON, SUITE C-2 • EDMONDS, WA 98020

HARBORSQUAREDENTAL.COM

425.778.7477

We fully believe dental treatment is an excellent investment in an individual's physical and mental wellbeing. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we do provide several payment options.

***Payment in Full*** – If you do not carry dental insurance, a bookkeeping courtesy of 10% will be given for payment in full, made by cash or check at the time of service. We will provide a copy of your treatment plan fees.

***Payment by Cash, Check, Visa or MasterCard***

***Care Credit*** – our Patient Account Manager will review these confidential payment options with you

***In house "Payment Plan"*** – 50% of fee will be expected at time of service followed by 3 equal payments for the following 3 months.

**Senior Citizen Discount:** We offer a 10% discount to senior citizens 65 and up.

**Missed or Broken Appointments:** Your appointment time is reserved especially for you. To avoid a \$75.00 broken appointment charge, please allow a minimum of 24 hours workday notice for any schedule changes. Please be aware that our work week is from Monday through Thursday, so please be sure to cancel your appointments during that timeframe.

**Insurance:** **We are not in-network with any insurance plans.** however as a courtesy to our patients, we will submit insurance claims directly to your insurance carrier. Please note that even if your insurance plan states you have out of network coverage, the percentage they reimburse may not match what's listed due to varying allowed amounts. We encourage you to overview your policy in detail so that you are aware of your plan specifics and maximum coverage. We can assist you in ***estimating*** your insurance benefits, but it is helpful if you understand your insurance policy prior to scheduling treatment.

Any uninsured portion is due at the time of service. If your insurer denies coverage or if we do not receive payment within 60 days from filing your claim, the amount will then become due and payable by you.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_