

# **Payment Policy**

At 208 Dental, we strive to provide exceptional dental care while maintaining transparency and clarity in our financial transactions. To ensure smooth and efficient payment processing, we have established the following Payment Policy. Please take a moment to familiarize yourself with the details outlined below. Payment is due at the time services are rendered.

### **Payment Options:**

We accept various payment methods for your convenience, including:

- Debit cards
- Credit cards (Visa, Mastercard, American Express, Discover)
- Personal checks

### **Insurance Coverage:**

If you have dental insurance, we will gladly assist you in maximizing your benefits. As a courtesy, we will submit dental claims on your behalf to your insurance provider. However, please note that you are ultimately responsible for any outstanding balance not covered by your insurance plan. We accept most PPO dental insurance plans, but do not accept all plans. It is the patient's responsibility to let office staff know of any changes in insurance coverage. Please, ask our front desk if you have any concerns regarding our office's accepted dental insurance plans.

# **Co-Payments and Deductibles:**

Co-payments, deductibles, and any outstanding balances are due at the time of service. Our front desk staff will provide you with an estimate of your portion based on the information available to us from your insurance provider. It's important to understand that this is an estimate, and any discrepancies will be addressed once we receive the Explanation of Benefits (EOB) from your insurance company.

# **Payment Plans:**

We understand that certain treatments may require a larger financial commitment. In such cases, we offer flexible payment plans, including financing options such as CareCredit, to help you manage the cost of your dental care. Please speak with our financial coordinator to discuss available options and determine the best plan for your specific needs.

### **Outstanding Balances:**

If you have an outstanding balance after insurance processing, we request prompt payment within 30 days of receiving the statement. Late payments may incur additional charges and could affect future appointment scheduling. If you require assistance or have concerns regarding your bill, our financial coordinator will be happy to assist you.

## **Failed Payments:**

In the event of a failed or returned payment, a fee of \$25 will be applied to cover any administrative and processing costs. We kindly request that you provide updated payment information promptly to avoid any potential disruption in your treatment or service.

## **Missed Appointment Fees:**

As stated in our Cancellation and Missed Appointment Policy, any missed appointments or late cancellations may result in a missed appointment fee. This fee will be charged in accordance with the policy outlined separately.

### **Non-Covered Services:**

Some dental treatments and services may not be covered by insurance plans. If you choose to proceed with non-covered services, full payment will be required at the time of service. Our team will inform you in advance of any treatments or services that may not be covered by insurance. For example, nitrous oxide (laughing gas) is not typically covered by insurance and payment is due at the time of service.

Thank you for taking the time to review our Payment Policy. If you have any questions or concerns regarding your payment or insurance, please do not hesitate to contact our office. We are committed to providing you with the highest quality dental care and ensuring a positive financial experience.



# **Payment Plan Policy**

At 208 Dental, we are committed to providing excellent dental care while ensuring a convenient and efficient payment process for our valued patients. To facilitate this, we have implemented options for in-house payment plans, to those who qualify, to help manage your dental expenses. This policy outlines the terms and conditions of our payment plan, as well as your responsibilities as a patient if you choose to agree to a payment plan arrangement.

#### **Card on File:**

To participate in our in-house payment plan options, we require that all patients have a valid credit or debit card on file with our office. This card will be securely stored in our system and will be used for automatic monthly payments as per the agreed payment plan. The card information will remain confidential and will only be used for payment purposes.

## **Updating Card Information:**

It is the responsibility of the patient to ensure that their card information remains accurate and up to date. If there are any changes to your credit card, such as expiration date, billing address, or any other pertinent details, it is essential to notify our office promptly. Failure to update your card information may result in delayed or declined payments, and you may be subject to additional charges or penalties as outlined in this policy.

# **Automatic Monthly Payments:**

Our in-house payment plan options require automatic monthly payments from your card on file. The specific payment amount, frequency, and duration of the plan will be determined in consultation with our office. Payments will be processed on the designated date each month until the agreed-upon amount has been paid in full.

# **Late Payments:**

In the event of a late payment, a late fee may be applied to your account. It is crucial to make payments on time to avoid any additional charges or disruptions to your payment plan. If you anticipate any difficulties in meeting the payment deadline, we request that you contact our office in advance to discuss possible alternative arrangements.

### **Missed Payments and Default:**

Repeated missed payments or defaulting on the payment plan may result in the suspension or termination of the plan. If you encounter financial difficulties or unforeseen circumstances that affect your ability to meet the payment obligations, we encourage you to communicate with our office promptly. Our team will work with you to find a mutually acceptable solution.

## **Insurance Coverage and Co-payments:**

If you have dental insurance coverage, it is important to note that the in-house payment plans cover only the portion of the treatment cost not covered by your insurance. Any co-payments, deductibles, or fees not covered by insurance are the patient's responsibility and must be paid according to the agreed-upon payment plan.

### **Cancellation or Termination:**

In the event that you wish to cancel or terminate your participation in the inhouse payment plan, we require written notice at least [X] days in advance. Upon cancellation, any remaining balance must be paid in full within a specified period. Failure to do so may result in additional charges or actions necessary to collect the outstanding balance.

## **Disputed Charges:**

If you have any questions or concerns regarding a payment or charges on your account, we encourage you to contact our office immediately. Our team will investigate and resolve any disputes promptly and professionally.

By participating in our in-house payment plan options, you acknowledge that you have read and understood the terms and conditions outlined in this payment policy. You agree to fulfill your financial obligations as per the agreed payment plan and understand that any failure to comply may result in additional charges or actions necessary to collect outstanding balances.