

# FINANCIAL POLICY

Thank You for choosing Park South Dental PLLC. Our primary mission is to deliver the best and the most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and as manageable for our patients as possible by offering several payment options.

## **Payment Options:**

You can choose from:

### ❖ **Cash, Check, Visa, Mastercard, American Express, or Discover Card.**

We offer a 10% courtesy accounting adjustment to patients who pay their treatment with UPFRONT PAYMENTS prior to completion of care for treatment plans of \$1000 or more.

### ❖ **NO INTEREST** Payment Plans from Care Credit or Chase Health Advance

- Allow you to pay over time with NO INTEREST
- Convenient, low monthly payment plans also available
- No annual fees or pre-payment penalties

### ❖ **In-House Payment Plans**

- Allow you to sit with your own Financial Coordinator to assess your personal affordability
- Convenient and hassle free use of Park South Auto Pay

**Please note:** Park South Dental PLLC requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is completed, you will receive a refund less the cost of care received.

For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$500 or more, a 50% deposit is required to secure your initial treatment appointment.

For patients with dental insurance, we are happy to work with your insurance carrier to maximize your benefit and directly bill them for reimbursement for your treatment. **However, if we do not receive payment from your insurance carrier you will be responsible for any balance that remains unpaid.**

**A fee of \$50 is charged to patients who miss or cancel an appointment without 24-hour notice, and a cancellation fee of \$100 for a Specialist (i.e., Endodontist, Periodontist, Orthodontist).**

Park South Dental PLLC charges \$30 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent, or Guardian Signature

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Date

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Patient Name (Please Print)