



# CORNERSTONE DENTAL ARTS

## Financial Policy

At Cornerstone Dental we make every effort to provide you with the finest care and the most convenient financial options. To accomplish this, we offer a variety of payment options as follows:

**Cash or Check** - We extend a 5% discount when using cash or check payment on all services paid in full on day of service. cash or check discounts cannot be used In conjunction with our Patient Loyalty Membership program.

**Credit/Debit Cards**- We gladly accept the following major credit cards. Credit or debit card discounts cannot be used in conjunction with our Patient Loyalty Membership program.

• Visa • MasterCard • American Express • Discover

**Care Credit and Lending Club Through Care Credit and Lending Club:** We offer a 30 day, 6 month, Or 12 month same as cash option with no interest (we pay the interest for you) and no down payment. Those wanting longer term options, we offer 24-60 month financial plans with required fixed monthly payments and interest. No Insurance? No Problem! We are pleased to offer an elegant, patient-oriented membership solution through our exclusive Cornerstone Patient Loyalty Membership program. This is not an insurance plan, but a membership plan - which has some distinct advantages over insurance. Please see your Practice Coordinator or visit our website at [www.whatasmile.com](http://www.whatasmile.com) for details. Membership discounts are not to be combined with any other payment discounts. All membership services and discounts are for ACTIVE members only and cannot be used In conjunction with Care Credit or Lending Club.

**Insurance:** We are happy to submit claims to any insurance carrier when you have the freedom to choose your dentist. We are not a contracted provider with any Insurance company.

**Assignment of Insurance:** I authorize the release of medical/dental information necessary to process my claims and I authorize the release of this same information, when necessary, to other providers rendering medical/dental care. I understand that any fee estimate for dental care can only be extended for a periods of 90 days. I also understand that in order to collect my debt, my credit history may be checked through the Use of my Social Security Number or any other information I have given you. I agree that in the event that either this office or I institute any legal proceedings with respect to amounts owed by me for service rendered, the prevailing party in such proceedings shall be entitled to recover all costs incurred including reasonable attorney's fees. I grant permission to you or your assignee, to telephone me at home or at my work to discuss matters related to this form. I have read the above conditions and agree to their content.

THERE MAY BE A CHARGE FOR ANY MISSED APPOINTMENTS OR APPOINTMENTS NOT CANCELED 48 HOURS BEFORE APPOINTMENT TIME.

Unpaid balances over 90 days may be placed with an outside collection service or attorney, at an additional cost to you, in the even that legal proceedings become necessary to resolve any unpaid balance, attorney fees and court costs involved with the collection of the outstanding balance will be the responsibility of the patient/guarantor. There will be a 23% APR service charge applied to any account balance over 90 days and a \$39.00 fee for all returned checks.

I understand I am responsible to said doctor(s) for charges not covered by this assignment. I further agree in the event of non-payment to bear the cost of collection at a rate of 35% of the total bill in addition to the amount of the total bill if collection procedures be required.

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