

Priest Dental Inc

910 KATHERINE AVE STE A | ASHLAND OH, 44805 | (419) 289-1813

Written Financial Policy

An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Priest Dental, Inc is committed to offering you dental treatment of the highest quality. **Payment for services is due at the time services are rendered.** Our relationship is with you and not your dental insurance. We will bill your dental insurance as a courtesy. **Any amount not paid by your insurance is your responsibility.**

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. **It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance company.** You will be responsible for all collection costs, attorney fees, and court costs should a bill not be paid.

Payment Options:

As stated previously, payment is expected at the time dental care is rendered. For your convenience, we accept cash, personal checks, money orders, Visa, Mastercard, American Express, Discover, Care Credit, and Lending Club. As a benefit to paying cash, a 5% courtesy discount will be offered when your balance is paid in full. For larger treatment plans we offer an in office 3-month pre-payment plan to make paying for your dental care more affordable. For plans requiring multiple appointments, alternative payment arrangements may be provided. We are happy to discuss financial arrangements with you if your customized oral health treatment plan requires more comprehensive dental work. Contact us any time to discuss your options.

If you choose to discontinue care before treatment is complete, a refund or cancellation of remaining fees will be determined upon review of your case.

A fee of \$75 may be charged for patients who miss or cancel more than two (2) times in a calendar year without a 1 hour notice.

Priest Dental, Inc charges \$50 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 and/or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Care Credit and Lending Club are subject to credit approval