

Our Financial Policy

Thank you for choosing Capitol Dental Group for your family's dental needs. We are dedicated to providing you with outstanding dental care. It is very important to us that you fully understand your treatment needs and financial responsibility before beginning any treatment.

Patients without Dental Insurance

Payment is expected in full at time of service.

We accept cash, checks, Visa, Master Card, Discover, and Care Credit

Applications for financing options are available.

Patients with Dental Insurance

As a courtesy to our insured patients, we will be happy to help file your insurance claims. However, please remember that your dental insurance policy is a contract between you and your insurance company. In order for us to bill your insurance company and obtain payment from them, we must have all of your insurance information on file. Your insurance plan may pay for some procedures in full, however, most treatment will only be partially covered by your insurance company. We cannot guarantee payment of insurance for any procedure. We can happily file a pre estimate with your insurance to get a better idea of how much a procedure will cost you out of pocket. However, any estimate given for cost of treatment is strictly an estimate. For all completed procedures, we will file your claim with your insurance and as an extra courtesy, we will follow up on any unpaid claims 30 days from the filed date. If your insurance has not paid your claim within 90 days, the claim will be deleted from our files and the balance that is due becomes your responsibility. You can then contact your insurance company to seek reimbursement. Your estimated patient portion for all treatment is due in full at time of service. Upon signing this statement you authorize all payments to be paid directly to Capitol Dental Group.

Missed Appointments

We fully understand that life can be unpredictable and often things come up that are unexpected. However, please understand that your appointment time is reserved especially for you, and we look forward to helping you with your dental needs. When something does come up, we respectfully ask that you provide us with a 24 hour notice. If you miss an appointment with us without notice, we will kindly ask you to not allow that to happen in the future. The second time that you miss your appointment without a 24 hour notice, we reserve the right to charge to your account a missed appointment fee of \$25. This fee must be paid before scheduling another appointment with us. If you miss the third appointment without notifying us, you may be placed on a walk-in status only.

Returned Checks

The charge for a returned check is \$25.00. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash or card only basis following any returned check.

I have read and understand the above financial agreement. Any questions and concerns were answered fully to my satisfaction. I understand that I am responsible for all fees and/or balances due and agree to pay them in the allotted time in order to avoid any additional charges.

X _____
Signature of Patient or Responsible Party

Relationship to Patient

Date