

FINANCIAL POLICY

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FINANCIAL POLICY

Thank you for selecting us as your dental care provider. We are committed to providing you with the highest quality of preventive care. Our Financial Policy is outlined below. Please read it carefully and sign it before being seen by the doctor.

1. Payment in full is due at the time of service, unless alternate arrangements have been made prior to services being rendered.
2. We accept Cash, Visa, MasterCard, Discover and American Express, we also accept Care Credit as forms of payment.

Provided we have received your correct dental insurance information for billing our office will courtesy bill your carrier for your rendered services. All insurance information must be provided prior to treatment being rendered. We cannot alter the fees after the fact. Any benefits provided by our staff are an estimate of your coverage and there is no guarantee intended or implied. Ultimately it is the responsibility of the insured to be aware of their coverage. Our fees are based on the quality of materials and equipment, the expertise of the doctor and the level of service that goes into your dental experience. We base our dental treatment on what is in the best interest of your dental needs and health care. Until your insurance has paid, a balance may appear on your monthly statement. If your insurance carrier has not paid the claims submitted within 60 days, you will be responsible for the entire balance outstanding.

If financial arrangements include a payment plan, we expect you to adhere to this agreement. A 1.5% finance charge (18% annually) may be applied to any balance that is more than 60 days overdue. It is imperative that you adhere to your financial arrangements so you do not incur any additional fees.

APPOINTMENT POLICY

We make every attempt to schedule appointments for our patients in a manner that reduces waiting time and prompt service. We do not double book appointments so that you will be seen at your scheduled time. We ask that you extend the same courtesy and arrive on time. If you have unforeseen circumstances whether it be personal/work etc., we ask that you please provide 48 hours working day notice to reschedule or cancel your appointment. Failure to do so may result in a broken appointment charge. This policy applies to all appointments. Longer Surgical and Specialty procedures may require an initial payment to reserve an appointment.

Patient Signature/Parent or Guardian Date

Enter the consent form text here

Signature:

Date: