

**Today's Dentistry. LLC**  
**2040 Castaic Lane**  
**Knoxville, TN 37932**  
**865-246-0745**

**OFFICE FINANCIAL POLICY**

*We offer the following financial options for our patients to pay for their treatment in our office:*

- *Dental Insurance*  
*Proof of insurance must be presented at time of consultation. If you do not have proof of insurance either by card or form, we ask that you pay for your visit and we will be glad to file your insurance once we receive the information.*
- *Cash*
- *Check (no third-party checks or postdated checks will be accepted)*  
*There will be a \$ 25.00 service fee for all returned checks.*
- *Visa, Master Card or Discover*
- *Care Credit, or other outside financing from a bank, finance company, or institution cooperating with our office.*
- *A 5% discount will be given if total treatment is paid in full with Cash or Check prior to the day of treatment. Any amount collected from insurance that we have filed as a courtesy on your behalf will be sent to you. No discount will be given on patient estimated non-insurance portion the treatment must be paid in full to receive the discount.*

***Restorative Treatment:***

*Fees for restorative treatment will be reviewed at your initial appointment and you will be informed of what your **estimated** treatment cost will be. These fees are due prior to or the morning of your scheduled treatment **no exceptions**. Please note these are just estimates. there is no guarantee until your insurance processes the claim completely. Once your insurance pays any amount that was above your estimated cost will be your responsibility.*

***Our office files your insurance as a courtesy therefore, you the patient are ultimately responsible for payment of the entire bill. If we do not receive payment from the insurance company within six weeks of billing, you will be billed and payment expected.***

*In an unlikely event that a delinquent account is turned over for collection, the debtor is responsible for all collection cost including court cost, attorney fees and agency fees.*

*I have read and understand the terms and conditions of this agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_