

Chestnut Dental Associates

Payment and Finances:

Payment is required at each office visit. If you have dental insurance, as a courtesy we will file your insurance for you but we request a minimum 20% co-payment at time of service. While we accept many forms of insurance coverage, we recommend that you contact your insurer directly with any questions regarding your coverage.

We will file your insurance at no charge and we will make every effort to assure you receive maximum benefits. In order to provide this service, we will need your updated insurance information before each visit. Please remember that the contract is between you and the insurance company and your total balance in our office is always your responsibility. Disputes regarding reimbursement amounts are between you and your insurance carrier. If for any reason there is a balance remaining after your insurance company's payment, you will be sent a statement.

We accept cash, checks, Visa, Mastercard and American Express. We also offer payment options through a third party finance company (**OrthoBanc**), allowing you to finance your balances over a period of time interest free. Please ask for information if interested. A member of our business staff will be happy to assist you.

Unless prior arrangements have been made, balances older than 45 days (from date of service) will be subject to a 1.5% interest charge per month. Balances older than 90 days will be turned over to collection.

We value you as our patient and want to maintain a positive relationship. Please let us know if you have any questions regarding our payment policy.

I have reviewed the aforementioned policies of Chestnut Dental Associates and I agree to be responsible for all dental services not covered by my dental plan.

Patient/guardian signature _____ Date _____