

# Calhoun Clemson Dental Associates

602 College Avenue Ste 1 | CLEMSON SC, 29631 | (864) 654-6813

## Written Financial Policy

Thank you for choosing Calhoun Clemson Dental Associates. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options:

You can choose from:

- Mastercard, Discover Card, Cash or Check, Visa
- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit
  - o Allow you to pay over time with NO INTEREST<sup>1</sup>
  - o Convenient, low monthly payment plans<sup>2</sup> also available
  - o No annual fees or pre-payment penalties

Please note:

Calhoun Clemson Dental Associates requires payment upon the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. I understand that responsibility for payment for Dental Services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made. I further understand that a 1 ½% finance charge (18% annually) will be added to any balance over 60 days. In the event of default I (we) promise to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to effect collection of this note.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>3</sup>

Calhoun Clemson Dental Associates charges a \$35 missed appointment fee. Failure to cancel a scheduled appointment within 24 hours OR failure to show for a scheduled appointment will result in a charge to your account. This fee covers administrative and business tasks associated with your appointment time. Any incurred fees will need to be paid in full prior to scheduling further appointments.

Calhoun Clemson Dental Associates charges \$30 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 or need.

---

Patient, Parent or Guardian Signature

Date

---

Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval

<sup>3</sup>However, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.