TYLER BAKER, DMD

Financial Policies

Welcome to our office. We're dedicated to providing the absolute highest level of dentistry in the most comfortable way possible. Please don't hesitate to ask Dr. Baker or any employee if there is anything we can do to make your visits easier.

All patients are required to complete a Financial Responsibility form. You will need to carefully read the financial policies below, as we don't make exceptions to these policies.

- We do require PAYMENT IN FULL for your estimated portion at the time of service.
- For Services that take multiple visits, such as Crowns, Bridges, Dentures etc., payment can be split in two payments. Half is to be paid when treatment begins, and the remainder is to be paid when treatment is completed.
- We accept MasterCard, Visa, Discover, American Express, cash and checks.
- Any account balance for which no payment is received within 30 days and for which no payment arrangements are made will incur a late fee of $15.00 for each billing cycle & may be sent to a collection agency.
- The patient will incur any fees for the expense related to collections.
- As a courtesy to our patients we will bill any insurance company. We are not a restricted provider for any insurance company. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**.
- If you have any questions regarding your dental benefits please ask us or contact your employer or insurance company directly. Dental benefit plans will never pay for all of your dental care, they are only meant to assist you.
- It is your responsibility to know the limitations set forth by your insurance company; such as frequencies for cleanings, crowns, prosthetics, films, etc. and whether or not a particular service is covered at all. Ultimately, you are responsible for all charges incurred at our office. **If you would like a copy of the benefits given to us by your insurance company we can provide you with that.**
- If you must change your appointment, we require at least 24 hours notice.
- Patients who's checks are returned to our office will incur a $30.00 service charge.

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Patient Signature Date