**Written Financial Policy**
Thank you for choosing Ralph P Riley, DMD aka Dr. Rusty Riley. 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 may choose from:

-Cash

-Check

-Visa, MasterCard, American Express, Discover Card, Flex Plan Card

-Care Credit, A convenient monthly payment option from Care Credit Health Care Credit Card

 -Allows you to pay overtime with no annual fees or pre-payment penalties

Please Note:

Rusty Riley DMD requires payment PRIOR to 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.

We accept payment in thirds for treatments over $1000.00. For plans requiring more than THREE appointments, alternative payment arrangements may be provided.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill your insurance provider for reimbursement for your treatment.

A fee of $25 is charged for patients who miss or cancel more than TWO times in a calendar year without a 24-hour notice.

Rusty Riley DMD charges $30 for returned checks or debit card payments..

I understand that once insurance pays, if applicable, or if insurance is denied, I am fully responsible for my bill. If my bill is turned over to a collections agency, I understand that I will be responsible for any collection/attorney's fees as well as 30% added to my total balance.

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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_