



TREASURE COAST DENTAL

RESTORATIVE, COSMETIC & IMPLANT DENTISTRY

(772) 337-2338 • www.tcdentalpros.com

Rachel S. Squier, DMD, MDSc, FACP

Board-Certified Prosthodontist

Gerald G. Goebel, DMD

Prosthodontist

Written Financial Policy

Thank you for choosing Treasure Coast Dental. Our primary mission is to deliver the best 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:

- Cash, Check, Visa, MasterCard, American Express or Discover Card

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash prior to completion of care for treatment plans of \$3,000.00 or more.

- Convenient Monthly Payment Plans¹ from CareCredit
 - o Allow you to pay over time
 - o No annual fees or pre-payment penalties
- In-house financing for treatments over \$2,000.00.

Please note:

Treasure Coast Dental requires payment in full prior to the completion of your treatment. Balances over 60 days are subject to a finance charge of 18% APR.

We accept payment in halves for treatments over \$2,000.00. For plans requiring more than 3 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 provide you with the documentation you need to receive reimbursement for your treatment.

If you fail to complete the planned treatment procedures, you will be charged for any initial records required for treatment to begin. No refund will be given for laboratory fees incurred to fabricate any prosthesis that was already produced for treatment that was then later cancelled once the prosthesis was made.

A fee may be charged to patients who miss or cancel more than 3 times in 6 months without a 48-hour notice (see the Patient Cancellation/No-Show Policy Acknowledgement).

Treasure Coast Dental charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you achieve the quality dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

¹Subject to credit approval