

# Mark E Raver DMD

205 East Main Street | SHIREMANSTOWN PA, 17011 | (717) 763-5588

## Written Financial Policy

Thank you for choosing our office for your dental care. 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:

- Cash, Check, Visa, Mastercard or Discover Card
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit
  - o Allow you to pay over time
  - o No annual fees or pre-payment penalties

### **Please note:**

Payment is due at the time of your treatment.

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>2</sup> However, all co-payments and deductibles must be paid at the time of service.

There will be an \$8.00 charge for the second statement sent on an unpaid balance. Unpaid accounts reaching 90 days will be transferred to our collection agency and an additional fee of \$25.00 will be added to your account.

A fee of \$30.00 is charged for patients who miss or cancel an appointment without 24-hour notice.

Mark E Raver DMD charges \$30.00 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.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>Subject to credit approval

<sup>2</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.