

# FINANCIAL POLICY

**SNYDER FAMILY DENTISTRY**  
**2700 84<sup>TH</sup> STREET SW**  
**PO BOX 367**  
**BYRON CENTER, MI 49315**

**The primary goal of our dental practice** is to provide the highest quality oral health care in the most gentle, efficient, and enthusiastic manner. Since our practice is also a business with obligations that must be met, we ask that all patients pay for their treatment in full on the day of each visit to our office unless prior arrangements have been made.

**We will do our best** to work with you to help make dentistry affordable. For patients without insurance, we offer a 5% bookkeeping courtesy for full payment that is made on the day of the dental service. To use the 5% courtesy, payment must be made by cash or check. If same day payment is made using a credit or debit card, a 3% discount will be applied. For more extensive dental procedures and orthodontic treatment, a limited financial plan can be arranged.

**Outstanding balances** on your account are discouraged, and must be taken care of in a timely manner. Amount due and not paid in full within 60 days will be charged interest at a rate of 1.5% per month unless prior financial arrangements have been made. We reserve the right to discontinue any scheduled treatment of any and all members on the account until the balance is paid in full.

**Delinquent balances** over 90 days old will be referred to Account Receivable Solutions, with a \$50.00 collection fee added to the total balance. All referred accounts are marked "Inactive". In order to have your account "Reactivated", and continue to receive dental treatment in our office, the delinquent balance plus a "Reactivation Fee" of 50% of the delinquent balance referred to the collection agency will be charged to your account. Only after this total account balance has been paid in full can appointments be made and your account and patient status be reactivated.

**A returned check fee** of \$40.00 (subject to change as bank fees increase) will be added to your account for any returned check. Before we accept another payment by check, the \$40.00 fee plus full payment for the check that did not clear must be paid in cash, or by VISA, or MasterCard.

**Your dental appointments are scheduled carefully.** Time, trained personnel, and dental equipment are reserved for each procedure. Missed appointments add to the cost of dental care when reserved facilities are left waiting empty. We request 48 hours advance notice for rescheduling your appointment, however, we understand that sometimes this cannot be helped. Repeatedly missed appointments without proper notification will be charged a broken appointment fee of \$50.00 per our discretion.

X \_\_\_\_\_  
Patient Name (Printed)

X \_\_\_\_\_  
Patient Signature (Parent if minor)      Date

X \_\_\_\_\_  
Parent Name (Printed)      Date