

*Cameron G. Francis D.D.S.*

2410 W. University Dr. McKinney, Texas 75070 972-562-0228

**Office and Financial Policy**

Our mission is to deliver the finest, most cost-effective health care treatment available today. Following diagnosis, the doctor will advise you of our plan for treatment. Additionally, we will discuss with you the investment in today's and future treatment.

Payment is due at the time services are rendered. For your convenience we accept cash, personal check, Visa, and MasterCard. We also offer convenient payment options through Care Credit.

Our office is a non-restricted dental practice. Many of our patients work for employers, including yours, and have the same coverage. We are very experienced at dealing with your carrier. For our patients who have your particular insurance, we have always been happy to process the insurance claims to maximize benefits.

Our office chooses to practice in this manner for many reasons. We take a simple and caring approach with our patients' needs. We do not over treat or rush our patients through appointments. We like to take our time with each patient and get to know each them and all of their dental needs. Dental coverage can dictate how much or how little treatment you will receive. At our office, we believe in giving the patient the absolute best treatment with a conservative approach to dentistry. Being non-contracted, we are able take our time, diagnose only what is needed, give our patients options, and use the best technology and treatments for our patients without being confined to insurance parameters.

As a courtesy we will be glad to file your insurance claim provided we have complete and accurate information. You will be expected to pay for services rendered if the office is unable to verify your insurance information prior to treatment. If payment for services already rendered has not been paid within 45 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible. Should additional means of collection become necessary, all costs of collection, including attorney fees, court costs, and collection agency fees (35% standard collection / 50% legal collection) will be added to your existing balance. Your cooperation with this policy will assure equitable treatment of insurance and non-insurance patients.

We reserve the right to charge and collect fees for broken appointments. Appointments are reserved exclusively for you. We consider an appointment confirmed once the appointment is scheduled. A minimum charge of \$65 per hour may be posted to your account if an appointment is cancelled without 48 hour advance notice. As a health benefit to you, we may offer to move your appointment to an earlier time if openings arise.

A returned check fee of \$35 will be added to your account balance and is collectable.

Any accounts overdue for payment in excess of 30 days are subject to an interest fee of 18% per annum (1.5% per month).

Payment plans and financial arrangements can be entered into for comprehensive dental treatments, prior to commencing treatment.

I have read and understand this financial policy.

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**Printed Name**

**Signature**

**Date**