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Payment Policy Acknowledgment

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. For the convenience of our patients, we offer the following methods of payment of our fees:

- A. Payment in full by cash, check, credit card, or debit card for each appointment as service is rendered.
- B.. We gladly accept insurance assignments, but require that the deductible and non-covered fees be paid at each visit.
- C. Credit cards accepted are MasterCard, Visa, and Discover. Debit cards are also accepted.
- D. Alternate financing is available via Care Credit. Please ask our financial coordinator for more information on this excellent plan. Credit approval is required. A no-interest option is also available.

Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered.

Our office staff understands dental insurance; we will be glad to assist you in obtaining the maximum benefits specified in your contract.

It is important that you realize, however, that . . .

1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you, our patient.
2. Our fees generally, but not necessarily, fall within the usual and customary fee structure, determined by your carrier.
3. Not all dental services are a covered benefit in all contracts.
4. You (not the insurance company) are responsible for payment of all services rendered by us.
5. For patients who have dental insurance, an ESTIMATE will be given of the benefits that the insurance company is expected to pay, and any portion remaining is your responsibility.

We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program. We appreciate the opportunity to serve you.

Patient or Responsible Party

Date

Financial Coordinator

Date