

## **Neal Family & Cosmetic Dentistry**

**Dr. Richard A. Neal II, DMD**

10004 Taylorsville Road

Louisville KY 40299

**502-267-7736**

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### **Financial Policies**

We here at **Neal Family & Cosmetic Dentistry** have devised the following financial policies. We believe that these policies will help our patient's understand their responsibility and our expectations when it comes to our providing their dental treatment.

Payment Options:

**Patients with no insurance:**

_____ Cash	<b>5% discount</b>
_____ Check	<b>5% discount</b>
_____ Credit Card	<b>3% discount</b>

Senior Citizen Discount **5% discount added**  
(55 years and up)

Financing available through **Republic Bank** (for treatment exceeding **\$300**) an application may be obtained from our front office personnel.

Crowns, Bridges, dentures, prosthetic work:

- **50% down**
- **50 % at delivery**

We will gladly estimate your insurance according to your benefit coverage as provided by your insurance carrier. Please keep in mind that this will only be an **estimate**. We ask that you pay the amount determined to be your **co-pay** at the time of service. Any additional balance will be billed to you once the insurance company has paid their portion. Unpaid insurance balances are **due within 10 days** of the receipt of your statement.

A **\$25.00 no show fee** will be assessed on any account where the patient fails to show or call **to cancel** their appointment **within 24 hours**.

Any and all unpaid monthly balances of **30 days** or more will be assessed a finance charge of **9.9 %**.

I, \_\_\_\_\_ have read and understand the financial policies of Neal Family & Cosmetic Dentistry. I hereby agree to these policies as written.

\_\_\_\_\_  
Patient / Responsible Party

\_\_\_\_\_  
Date