

## **BOURESSA DENTAL ASSOCIATES**

### **FINANCIAL POLICY**

*Payment for all services is the responsibility of the patient. As a courtesy to all our patients, Bouressa Dental Associates will file a claim with your insurance company. However, this is not a guarantee of payment. Therefore, it is important for you to be aware of your insurance coverage and limitations. Ultimately, financial responsibility for services rendered rests with the patient or his/her family regardless of the nature or extent of insurance coverage. The patient is further responsible for co-payments, deductibles, co-insurance and any balance remaining after receipt of insurance payment.*

*For your convenience, Bouressa Dental Associates offers the following payment options:*

- *Payment in full on the day the service is provided;  
A 5% discount adjustment given for cash/check payment  
A 3% discount adjustment given for credit card payment*
- *Care Credit (Subject to credit approval). If credit is declined, another form of payment listed is required.*
- *Payment of co-payment, co-insurance, or deductible on the day service is provided*
- *For an established account, payment of co-insurance, deductible, or amount denied by insurance upon receipt of statement*
- *Account balances older than 60 days are subject to finance charges at a rate of 1.5% per month (18% APR), minimum of \$0.50, calculated on account balance at end of the current billing period.*

*For your convenience, Bouressa Dental Associates accepts cash, personal checks, MasterCard, Visa, Discover and Care Credit.*

*Please indicate below the form of payment you choose to settle your account:*

- *Cash or Check*
- *MasterCard/Visa/Discover*
- *Care Credit*

*If additional financial counseling is needed please contact our office.*

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Patient signature

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Date