

# Nathan M Vogt DDS

2630 GW Memorial Hwy | Hayes, VA 23072 | (804) 642-2120

## Written Financial Policy

Thank you for choosing Nathan M Vogt DDS. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options:

- Cash, Check, Visa or Mastercard

We offer a 10% courtesy accounting adjustment to patients who pay for their treatment with cash prior to completion of care for treatment plans of \$500 or more.

- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit

- Allow you to pay over time with NO INTEREST<sup>1</sup>
- Convenient, low monthly payment plans<sup>2</sup> also available
- No annual fees or pre-payment penalties

Nathan M Vogt DDS requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We accept payment in thirds for treatments over \$750.00.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>3</sup>

Please notify our office at least 24 hours in advance of any cancellations. If notification is not received, a cancellation fee of \$35 will be charged. A fee of \$35 is charged for patients who or cancel more than 1 time in a calendar year without 24-hour notice.

Nathan M Vogt DDS charges \$35 for returned checks.

I understand and agree that, regardless of my insurance status. I am responsible for the balance of my account for any professional service rendered. I have read all information on this sheet and have completed this form completely. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status on above information. In addition, I recognize that I am financially responsible for any collection fees or collection services incurred by your office. An interest rate of 12% APR will be applied and due in accounts that are over 60 days old. If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval

<sup>3</sup>However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.