Marc Baker, DMD **Cosmetic and Family Dentistry**

FINANCIAL POLICY

For our patients with insurance: Due to constantly changing insurance regulations, benefits, and deductibles, we are only able to approximate your insurance balance. Regardless of what we might calculate as your benefit in dollars, we must stress the fact that you, the patient, are responsible for the TOTAL cost of YOUR DENTAL TREATMENT.

(YOU ARE RESPONSIBLE FOR UNDERSTANDING YOUR MAXIMUMS AND BENEFITS AS EXPLAINED IN THE BENEFIT BOOKLET PROVIDED BY YOUR EMPLOYER.)

We participate with several Insurance Companies, which means, we accept a lesser fee. We have contracts with these plans, therefore, are bound by the guidelines of these plans as a Participating Provider Office (PPO). Please share with us your insurance information and we will tell you if we are or are not a PPO with that company.

For all patients: In order for us to keep our fees at a reasonable level, we must have payment at time of service for deductibles, co pays and regular private pay balances.

Payment options available are:

Cash Payments - Check Payments - Credit Cards – Mastercard
Visa
Discover
American Express

Care Credit Approval for Care Credit means you can start treatment immediately, pay over time with low monthly payments, and include all family members.
We offer two plans: *No Interest
*Low Interest Extended Pay Plan

Smile Service Plan: "Smile Service" is designed to save you Time and Money!

We offer "Smile Service" as an option for our patients to continue to receive quality dentistry at affordable prices. Our "Smile Service" is neither considered insurance, nor does it replace your regular insurance benefit plan. "Smile Service" is offered to our patients who have no dental fee support and, also, to our patients who have exhausted their regular dental benefits.

Our goal is to help you keep your teeth for a lifetime! If you have a question about finances, please feel free to ask! We value our relationship with you and prefer to have an open conversation and a complete understanding of the finances required for you to keep your beautiful smile!

I consent to whatever Dental Treatment Procedures & Anesthetics are necessary for my treatment. I also agree to assume Full Financial Responsibility for ALL Treatment.

Dr Marc Baker, DMD and Staff

_____ / _____
Patient/Responsible Party Print Name Date

_____ / _____
Patient/Responsible Party Sign Name Date

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