



# DENTIQUE DENTAL

General Dentistry

Where smiles shine bright every day!

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[www.Dentique-dental.com](http://www.Dentique-dental.com)

## FINANCIAL POLICY

Thank you for choosing our team, our goal is to deliver the best and most comprehensive dental care available. Part of our goal is to make the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### PAYMENT OPTIONS:

You can choose from:

- \*Cash
- \*Check
- \*Visa, Master Card, Discover Card
- \*Care Credit- If the bill is over \$500 at 6 month interest free.

### Payment is required prior to completion of treatment.

For larger comprehensive treatment plans of \$2000 or more, a 15% deposit is required to secure your initial treatment appointment

For patients with dental insurance we are happy to work with insurance carrier to maximize your benefits. It is the patient's responsibility to know your plan coverage and limitations. The estimated amount not covered by your insurance is due at time of treatment. With that said insurance balances are ultimately the patient's obligation. We are happy to file most primary insurance at no cost to you as a courtesy. However, insurance balances which are not paid within 60 days may be billed to you. **Your treatment proposed is just an estimation. There is no guarantee of payment from your insurance company until they receive the claim.**

A fee of \$50 will be charged for patients who miss or cancel more than (1) time in a calendar year without 48-hour notice.

Dentique Dental charges \$30 for returned checks.

If you have any questions, please do not hesitate to ask.

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Parent or Guardian Signature Date

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Patient's Name (Please Print) Date