



## Written Financial Policy

Thank you for choosing Rock River Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this 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, Debit or Credit Cards

NO INTEREST Payment Plans from CareCredit or Cherry (must be approved)

- Allows you to pay over time with NO INTEREST
- Convenient, low monthly payment plans are available

Please note:

**Rock River Dental requires payment at the time of your treatment.** If you have insurance, we will estimate your co-payment, which will be due on the day services are rendered. We are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. . After your initial visit with the doctor, you will be informed ahead of time of what your estimate will be for your next appointment.

Any balance not paid within thirty (30) days of the statement date may be subject to a monthly service fee of **1.5% (18%APR)**, or the maximum rate permitted by applicable law and may be referred to a third-party collection agency. Any cost incurred in collecting a delinquent account will be the responsibility of the patient to the extent permitted by law.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need.

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Patient, Parent, or Guardian Signature

Date

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Patient Name (Please Print)