



Gary L. Cash, DDS, P.C.

1500 WEST 38th STREET #48 | AUSTIN TX, 78731

512.451.7577

Financial and Appointment Policy

Dental treatment is an excellent investment in your medical, emotional and psychological well being... and we realize that every person's financial situation is different. We have worked hard to provide a variety of payment options (listed below) to ensure that you not only receive the dental care you need and deserve, but that you enjoy a healthy, beautiful smile without breaking your budget.

Our practice will be dedicated to assist you in maximizing your dental benefits. As a courtesy, we will file your insurance and assign the payment to you. We require that you pay in full when your services are rendered.

PAYMENT OPTIONS

Full Pay Option (Cash Courtesy): We offer a 5% accounting courtesy for treatment that is paid in full by cash or check* at the time of service (\$25.00 will be charged to you in the event of a returned check). We will still file your insurance, assigning the payment directly to you as the patient.

Credit Card Option: Full payment at the time of service using all major credit cards, including Discover and American Express. We will still file your insurance, assigning the payment directly to you as the patient.

Major Service - Two Payment Option: We offer a two-payment option for crowns, implant crowns, bridges and dentures. We ask that you pay half of your treatment plan on the first appointment and the second half at the delivery appointment. We will still file your insurance, assigning the payment directly to you as the patient.

Payment Plan Option: By arrangement with our financial partner, Care Credit, we offer our patients (upon approval) an interest-free term loan up to 12 months, with no down payment, no annual fee and no prepayment penalty. Through your Care Credit account, you would make a full payment to our office, and then make payments to our financial partner. Please ask for an application.

APPOINTMENT POLICY

INITIALS

A specific amount of time is reserved especially for you, so we strongly encourage all our patients to keep their appointments. If you must change your appointment, we require a 24-hour notice to avoid a broken appointment fee of \$50.00.

By signing below, I understand and agree to adhere to the above financial options and appointment policy regarding my dental treatment. I understand that I am financially responsible for any outstanding balance over 60 days for services provided that are not fully covered by insurance and may be billed for remaining balances. I consent and agree to be financially responsible for payment of all services rendered on my behalf or on behalf of my dependents (if any).

Signature _____ Date _____