

7th & Hill Street Family Dental

1504 S. 7th Street | Louisville, KY 40208 | (502) 636-5492

Written Financial Policy

Thank you for choosing 7th & Hill Street Dental. 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. You can choose to pay by cash, check, Visa, MasterCard, American Express or Discover Card. We also offer CareCredit No Interest¹ Patient Payment Plans* that, allow you to pay over time with convenient, low monthly payments.

7th & Hill Street Dental requires payment prior to the completion of your treatment if you choose to discontinue care before treatment is complete your refund will, be determined upon review of your case.

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. It is our office policy to collect any deductibles and co-pays at the time of service. However, the co-pays are only an estimate of what your insurance company will not pay. It is only an estimate since all insurance companies have their own usual & reasonable customary rates, which may be different than our fee schedule.

7th & Hill Street Dental charges \$20 for returned checks.

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

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

¹Subject to credit approval

However, if we do not receive payment from your insurance carrier within 60 days you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.