

John Shoemaker, DDS

DENTISTRY

GENERAL, IMPLANT, SEDATION

Board-certified International ICOI

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FINANCIAL POLICY

Thank you for choosing John Shoemaker DDS. 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.

Payment Options

1. **5% Cash Discount** – offered for payment in **FULL** with check or cash at the **START** of the treatment for cases over \$5000
2. **Credit or Debit Card** – accepted
3. **Apple or Samsung Pay** – accepted
4. **Patients with insurance** – Partial payment is required at the start of all treatment beyond routine cleanings and exam.
5. **Patients without insurance** – payment for dental services are due at the time of treatment
6. **Care Credit or Lending Club** – (6-12 months) no interest financing

PLEASE NOTE:

_____ **initial** -- John Shoemaker, DDS requires payment prior to completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

_____ **initial** -- For plans requiring multiple appointments, alternative payment arrangements may be provided. For treatment plans on implants, a **100% deposit** is required to secure your initial treatment appointment.

FOR OUR PATIENTS WITH INSURANCE

_____ **initial** -- *Because we understand that dental insurance plays a role in helping defray some of the costs of dental treatment. Here are some facts about dental insurance:*

Your insurance benefits have been negotiated and purchased by yourself or an employer, and offered as a benefit. The contract is between you, your insurance company and your employer. We are not a party to that contract and do not have any specific information regarding your benefits.

Dental insurance is not meant to pay-all.. it is meant only to assist in paying your dental care. Dental insurance plans have no correlation to actual patient needs. As such, many routine and necessary dental services are not covered, even though you may need those services. Our responsibility is to provide you with the best treatment to meet your needs, not to try to match your care to insurance plan limitation.

_____ **initial** -- ***Many plans actually pay less than what you might expect. The benefits your plan pays are largely determined by how much your employer or union pays in premiums for the plan. We are happy to submit your claims and assist you in receiving the maximum benefits due to you, but please understand that we cannot accept responsibility for collecting an insurance claim, or for negotiating disputed claims.***

_____ **initial** -- *Because we have no guarantee of payment or specific payment amount from your insurance company, we ask that all of our patients secure financial arrangements prior to their scheduled appointments.*

I hereby assign to the dentist all payment for dental services rendered. I have read and understand the above financial policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/or dependents within 90 days. There is no guarantee of refund based on treatment outcome.

I authorize Dr. Shoemaker to furnish information to insurance carriers concerning treatment for myself and/or dependents. I understand that Dr. Shoemaker may obtain a check of my credit history in order to ascertain in-office financing options.

(Patient Signature)

(Date)