



*Upper Perk Family Dental, P.C.*

2771 GERYVILLE PIKE  
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## **Financial Policy**

Our commitment to you is to provide a patient centered experience each time you visit us. We desire to work with patients who are invested in their care and take responsibility for their own health. We will do our best to educate you about your needs and options to assist you in making your own choices regarding your dental treatment.

With our vision for you in mind we are happy to file insurance claims, work to maximize your benefit plans on your behalf and submit pre-estimates for certain procedures. **However, the ultimate responsibility of the fees for all dental treatment remains with you, our patient.**

Each patient case is unique and we make every attempt to work with you as an individual to customize a treatment plan and financial arrangements that you are comfortable with.

**It is customary to pay for all dental treatment at the time of your visit. Any other arrangements must be made in advance.**

You may pay your portion at the time of your visit using cash, check, Visa, MasterCard or Discover.

Arrangements may be made in advance for interest free financing through Care Credit.

For those patients who have insurance benefits, we will estimate the portion we anticipate is not covered by insurance and will inform you of your expected co-payment. **Please keep in mind these are not guarantees of your insurance payment but estimates only.**

**PLEASE RETAIN THIS COPY**