

Written Financial Policy

Thank you for choosing Malouf Family and Cosmetic Dentistry. 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.

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You car	choose from:
	-Cash, Check, Visa, Mastercard, American Express or Discover Card.
	We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans of \$750 or more.
Ω	Convenient monthly payment plans, from CareCredit Allow you to pay over time No annual fees or pre-payment penalties
Please	note:
Malouf to disco	Family and Cosmetic Dentistry requires payment prior to the completion of your treatment. If you choose intinue care before treatment is complete, your refund will be determined upon review of your case.
For plan	ns requiring multiple appointments, alternative payment arrangements may be provided.
For pat bill the	ients with dental insurance we are happy to work with your carrier to maximize your benefit and directly in for reimbursement for your treatment ₂ .
A fee o	\$50 is charged for patients who miss or cancel appointments more than two times in a calendar year 24-hour notice.
Malouf	Family and Cosmetic Dentistry charges \$35 for returned checks.
If you h need.	ave any quastions, please do not hesitate to ask. We are here to help you get the dentistry you want or
Patien	signature (parent or legal guardian if minor) Date
l'atien	Name (please Print)

Subject to credit approval

Payment Options:

^aHowever, if we do not receive payment from your insurance carrier within 30 days , you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.