HOLOHAN DENTAL PROFESSIONALS

William C. Holohan, DDS • Colleen M. Holohan, DDS • Kimberly A. Busch, DDS

Payment Options

Holohan Dental strives to offer convenient payment options while at the same time maintaining the high standard of comprehensive dental care that our patients deserve. At the onset of your treatment, we will provide you with an estimate of your total treatment costs. Our goal is to help you afford your dental choices.

Should the need for additional treatment arise during the course of the original treatment plan, the estimated fees could change. Be assured that we will notify you of any fee changes and obtain your approval prior to proceeding with treatment. Please review the financial options offered and indicate your choice of payment.

Plan A: To demonstrate our appreciation to patients who pay in full by Cash or Check prior to or on date of service (fees of $1200 or higher), we will extend a bookkeeping courtesy of five percent (5%).

Plan B: We gladly accept Visa, MasterCard, and Discover. For patients who pay in full by credit card prior to or on date of service (fees of $1200 or higher), we will extend a bookkeeping courtesy of three percent (3%).

Plan C: Payment can be made in installments for patients who are established with the practice and have a proven credit history. You can begin your treatment with an initial down payment of 50%. The remaining balance may be divided into 2 or 3 equal monthly payments with no interest.

Plan D: We offer our patients another extended monthly payment plan option through a dental financing company called Care Credit. Please talk to our Financial Coordinator prior to treatment for more details and to receive a credit application.

Plan E: Our goal is to help you maximize your dental insurance benefits. As a courtesy, we will accept the assignment (payment) of insurance benefits, provided we have current credit card information on file to charge any remaining balance not paid by insurance. In some instances, we may request payment of your estimated out-of-pocket expense at the time of service. If your dental insurance does not pay within 60 days of treatment, we will charge the outstanding balance to your credit card, and you must seek reimbursement from your insurance company.

Please feel free to discuss any questions you may have regarding the payment options described above with our Financial Coordinator. We thank you for trusting us with your dental care needs.

I, _____, have chosen Plan _____(payment option) and accept full financial responsibility for all services provided to me and/or my dependents in this dental office. I understand that it is up to me to confirm my insurance eligibility, waiting periods, and benefits. I understand that this office cannot guarantee my insurance status in any of these areas. Any insurance estimate given to me by this office is not a guarantee of actual insurance payment. I understand that any insurance claim not paid in full after 60 days becomes my responsibility at that time.

Patient (or Responsible Party) Signature: _____

Holohan Dental Financial Coordinator Signature: _____

DATE: ____/____/____