



John B. Oettinger, D.M.D.
Riley Allen, D.D.S, M.S.

Financial Policy

Fees are an important consideration when extensive treatment is needed. We are committed to providing you with outstanding, state-of-the-art Specialty care utilizing the finest products and materials available. Our fees are based on the time, costs and expertise required to deliver that care. We make every effort to keep fees as low as possible, without sacrificing quality. Your written treatment plan outlines the cost of your care. In order to prevent any misunderstanding about our responsibility or yours:

- **PLEASE KEEP A COPY OF YOUR TREATMENT PLAN**
- **PLEASE READ AND UNDERSTAND YOUR TREATMENT PLAN, INCLUDING YOUR PAYMENT SCHEDULE AND RESPONSIBILITIES, BEFORE SCHEDULING YOUR FIRST APPOINTMENT FOR TREATMENT**
- **PLEASE DO NOT REQUEST AN ADDITIONAL DISCOUNT OR FEE REDUCTION**
- **PLEASE DO NOT AGREE TO PROCEED WITH YOUR TREATMENT UNTIL YOU ARE PREPARED TO TAKE FINANCIAL RESPONSIBILITY FOR ITS COMPLETION**

PAYMENTS

Payment is expected when services are rendered. Payment at final delivery or surgery appointments must be made at the beginning of the appointment, prior to delivery of the definitive prosthesis or initiation of the surgery. We accept cash, check, Visa, Mastercard, Discover and American Express. We also offer payment plans through CareCredit, including no-interest plans. We will provide additional information about these payment plans upon request. If you have dental insurance, we will assist you in obtaining reimbursement but due to the nature of dental insurance, **we are not in network with any insurance providers and do not accept payment directly from your insurance company.**

Very commonly, Prosthodontic treatment is divided over multiple visits and includes prostheses that are fabricated in our on-site laboratory or an outside laboratory, and may also include the need for specific implant-related components. Payment is expected for these services as follows:

- **Prosthesis Under \$1000:** Payment in full when initiated
- **Prosthesis Over \$1000:** One half when initiated, one half when completed, regardless of the number of visits required.
- **Implant Components:** Payment in full prior to ordering components

FAILURE TO REMIT PAYMENT WILL RESULT IN TREATMENT DELAYS

WARRANTIES

- Monolithic ceramics such as zirconia and lithium disilicate are warranted against chipping or fracture for 3 years. Layered feldspathic ceramics (traditional dental porcelains) are not warranted.
- Full gold restorations are warranted against fracture for the life of the restoration.
- Implant retention screws are warranted against loosening for two years, during which time we will remedy the situation, including remaking your prosthesis if necessary, at no cost to you. After two years, any necessary procedures or replacement will be your responsibility. Implant retention screws are not warranted against fracture.
- Implant superstructures (bars) are warranted against fracture for 7 years.
- Complete Dentures and Removable Partial Dentures will be adjusted as often as necessary at no cost to you for three months following delivery. After three months, a fee will be charged for any adjustment based on the then-current fee schedule.
- Implant prosthetics may require regular maintenance and/or replacement of components. Fees for these procedures or components will be charged based on the then-current fee schedule.
- Please understand that restorations and implants cannot be warranted against biologic complications such as decay, periodontitis, peri-implantitis, or attrition of materials due to function.

SIGNED: _____ DATE: _____