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WRITTEN FINANCIAL POLICY

Thank you for choosing Helder Cosmetic & Family Dentistry, LLC. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible, by offering several payment options.

PAYMENT OPTIONS (choose from):

- Cash or Check
- Visa, MasterCard, or Discover Card
- Convenient Monthly Payment Plans from Care Credit (Subject to credit approval)
 - Allow you to pay over time
 - No annual fees or pre-payment penalties

PLEASE NOTE:

Helder Cosmetic & Family Dentistry, LLC requires payment on the date of service.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.

- **However, if we do not receive payment from your insurance carrier, you will be responsible for any remaining balance.**

A fee of up to **25%** of the procedure fee is charged for patients who miss or cancel without **48-HOUR NOTICE**.

Helder Cosmetic & Family Dentistry, LLC charges **\$30** for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and/or need.

Patient, Parent or Guardian Signature _____ Date _____

Patient Name (Please Print) _____