**Allison Henley DMD, PLLC**

**1154 Lexington Road, Suite B**

**Georgetown, KY 40324**

**502-863-4651**

**Written Financial Policy**

**Thank you for choosing Allison Henley DMD, PLLC. 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.**

**Payment Options:**

 **Cash, Check, Credit Card, or Carecredit**

 **Convenient monthly payment options from CareCredit.**

 **Allows you to pay over time.**

 **No annual fees or pre-payment penalties.**

**Please Note:**

**Allison Henley DMD, PLLC requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.**

**We accept payment in thirds. For plans requiring multiple appointments, alternative payment arrangements may be provided.**

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

**A fee of $40.00 is charged for patients who miss or cancel more than 3 appointments in a calendar year without 24-hour notice.**

**There is a $25.00 returned check fee.**

 **If you arrive 15 or more minutes late for our appointment, the appointment will have to be rescheduled.**

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

**Patient, Parent or Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Name (Please Print)**