

# Hugh W. Oser DDS PA

1135 Keller Pkwy | Keller TX, 76248 | (817) 431-5514

## Written Financial Policy

Thank you for choosing Hugh W. Oser, DDS, PA. 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:

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card

We offer a courtesy accounting adjustment to patients who pay **ONE WEEK PRIOR TO TREATMENT for treatment plans of \$300 or more**. If payment is made by credit card, we offer a 2% savings, if by cash or check; we offer a 5% savings.

- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from Care Credit

- o Allow you to pay over time with NO INTEREST<sup>1</sup>
- o Convenient, low monthly payment plans<sup>2</sup> also available
- o No annual fees or pre-payment penalties

Please note:

Hugh W. Oser, DDS, PA requires payment prior to the completion of your treatment.

For Oral Sedation and Oral Surgery, payment in full is required to secure your initial treatment appointment. There is a fee of \$350.00 for Oral Sedation, non-refundable, and not covered by any insurance company.

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 within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier. Patient portions are estimated based on information supplied by your insurance carrier and are not guaranteed to be exact, therefore, any amount not covered by your insurance is your responsibility.**

Hugh W. Oser, DDS, PA charges \$20 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 or need.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval