



FINANCIAL GUIDELINES

We are committed to providing you with the best care possible to achieve total oral health. In order to achieve these goals, we need your assistance and your understanding of our financial guidelines.

At Harrell Dental Implant Center, we believe the patients should be fully informed about their treatment options and make a decision based upon what is best for them, instead of having the insurance company dictate options. Because of this philosophy, we believe strongly that a fee-for-service model is best for patient care. We set our fees in an affordable manner that allows us to use the best technology, materials and proper time to treat your dental needs. Some participating provider offices may offer a different fee schedule, but our philosophy remains quality over quantity.

Payment Information

- All major credit cards are accepted (Visa, MasterCard, Discover, American Express)
- Various financing options with Lending Club, CareCredit, Proceed, and Green Sky Financing.
- All Harrell Dental Implant Center procedures must be paid in full to schedule surgery.

Cancellation Policy

-If a surgery is canceled after the diagnostic records appointment, 25% of the total cost of treatment and any restocking fees for Implants/Products will be retained. If a surgery is cancelled within one month of the scheduled procedure, 50% of the total cost of treatment and any restocking fees for Implants/Products will be retained. General Anesthesia fees may also be retained. If you subsequently elect to reschedule and complete your procedure within one year, you will be credited back 50% of the total fees. Should you opt to utilize healthcare financing to cover the cost of your procedure, your first payment will be due 30-45 days from signing the promissory note regardless of your selected surgery date.

Short Cancelled/ Missed Appointments

- **Please give 48 hours notice** if you are unable to keep your reserved time. Our goal is to honor your time by staying on time unless there is an emergency—we sincerely ask our patients to honor our time as well.

By signing below, I acknowledge I have read and understand the guidelines above.

Signature _____ Date _____