



OUR OFFICE POLICY

GENERAL

Thank you for choosing our practice as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read, and sign prior to treatment. All patients' must complete our Information and Insurance form before seeing the doctor. **FULL PAYMENT IS DUE PRIOR TO SERVICES BEING RENDERED.**

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AMEX and CARE CREDIT

SCHEDULING OF APPOINTMENTS

To schedule appointments for dental work, we do require a minimum of 50% of the patient's portion of copay for a down payment towards their services. A 5% discount will be offered for copays pre-paid in full of a balance over \$100. We apologize for any inconvenience in advance, but we appreciate your cooperation.

REGARDING INSURANCE

Fees are **estimates** only, and valid for 30 days from the date shown above and are subject to revision. Treatment could be altered if your dental needs change. The patient will be notified of any change(s) in treatment.

REGARDING INSURANCE PLANS WE ARE A PARTICIPATING PROVIDER WITH

ALL ESTIMATED portion and deductibles are due prior to treatment. If YOUR insurance coverage changes to a plan where we are non-participating providers, refer to above paragraph.

USUAL AND CUSTOMARY RATES

Our practice is committed in providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any issuance company's arbitrary determination of usual and customary rates.

ADULT PATIENTS

Adult patients are responsible for full payment prior to having services rendered.

MINOR PATIENTS

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to be approved; Visa/MasterCard/Discover/Amex, or payment by cash or check at time of service has been verified.

MISSED APPOINTMENTS

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient.

Our policy is as follows:

We require that you give our office **48 hours** notice in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of **\$25-100** or **percentage of the treatment cost** will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled without the payment of this fee.

Additionally, if a patient is more than 20 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the **\$25-100** cancellation fee will be charged.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have. We thank you for your patronage.

I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

INTEREST

We reserve the right to charge interest in the amount of 18% per annum as provided by state law for any unpaid balances. Thank you for understanding the Financial Policy.

CONSENT

I understand and agree to this Financial Policy.