



**Thank you for choosing us as your dental health care provider!
We are committed to your treatment being a successful experience.
The following is our financial & cancellation policies, which we require
our patients to sign prior to any treatment, and update periodically.**

FINANCIAL POLICY

- 1) We accept Cash, Checks, Debit Cards, Visa, Master Card, American Express, and Discover.
 - a) Financing may be available – ask the front desk for more details.
 - b) Prompt Payment Discounts are available in some cases for cash payments (paper currency, not check or check card)
- 2) All services are to be paid for at time of treatment. Please discuss all payment arrangements with the office manager prior to any treatment performed. For surgery or crown appointments:
 - a non-refundable 50% deposit will be required when the appointment is made
 - payment can not be made same day of appointment if any medications and/or sedation is scheduled to occur
- 3) Dental insurance coverage is a contract between you and your insurance company. Therefore, you are still ultimately financially responsible for your dental services. Please ask if we are a provider for your plan. Please be aware that if we have not received payment from your carrier within 45 days after services have been rendered, you will be responsible for payment in full.
 - i) If we are not providers of your insurance, as a courtesy, we will be happy to submit claim forms to your insurance carrier and payment will be made directly to you from your insurance provider.
 - ii) The patient is responsible for payment, in full, regardless of dental insurance coverage, divorce, or any other financial arrangements made between the patient and others.
 - iii) It is your responsibility to present any insurance information PRIOR to treatment. We will not retroactively bill any services.
- 4) A \$10 charge will be added to all invoices sent after 30 days to cover administrative costs. If a balance exists, we will try to notify you a minimum of three times. Your signature below states that if you are aware that if you do not respond to these attempts to collect a balance, we may report you as delinquent to credit agencies.

POLICY FOR BROKEN AND/OR CANCELLED APPOINTMENTS

The nature of our practice is to provide extremely high quality care that allows for longer visit times, individualized attention & little or no waiting. Since we never “double book”, cancellations & broken appointments represent a loss in treatment time for you & also for other patients who would desire that time. Cancellations or “no shows” may result in the patient being dropped from the practice & encouraged to seek treatment elsewhere. We hope you will make every effort to keep your appointments.

- 5) Kindly give 48 hours notice if you need to reschedule your appointment, seven (7) business day notice for surgery or crown appointments to avoid loss of deposit. For hygiene appointments, there is a \$50 fee for missed appointments.

If you have any questions please do not hesitate to ask. Thank you for understanding our policies.

By signing, you are authorizing our office to submit to your insurance carrier, if applicable. Your signature also states that you have read the above stated policies, have had the opportunity to have all your questions addressed, and agree to items 1, 2, 3, 4 & 5.

Signature _____

Date _____

Witness _____

Date _____