



OFFICE FINANCIAL POLICIES

- 1) If you have dental insurance, we will submit the insurance claims for you, or give you the completed claims for you to submit. We will do our part for you to help you receive the benefits due you under your insurance policy. However, you are responsible for ensuring that your insurance company receives and pays your claim, and you are responsible for the portion of your services that insurance does not cover.
- 2) If you do not have dental insurance, we ask that you pay at the time services are rendered. This will enable us to hold our fees at the lowest possible level by eliminating bookkeeping, billing and postage expenses.
- 3) For any services, you may choose to pay with cash, check, Visa, MasterCard, Care Credit, or Discover.
- 4) You will be billed a service charge of 5% per month, in addition to interest of 20% per annum, for all excessively tardy unpaid accounts (over 60 days).
- 5) If your account would unfortunately need to be turned over for collection, you will be responsible for any and all collection agency fees, attorney fees, court costs, taxes, and responsible for any and all collection agency fees, attorney fees, court costs, taxes, and any other expenses associated with collection.
- 6) This office has discretion in adjusting accounts and fees. Under no circumstances is any adjustment to be considered as a waiver of any of the terms in these policies.

OFFICE APPOINTMENT POLICIES

We believe that your time is valuable, and we believe that our time is equally valuable. Our appointments are made at the time we expect to be able to see you. We see patients by appointment only. Your appointment time is held especially for you. We make every attempt to be on time so that we can see you at your appointed time. If we are late it is because of unavoidable circumstances, such as patient emergency or patient tardiness. If you have a dental emergency please call our office as early in the day as possible so we can possibly see you the same day. Additional policies are:

- 1) Please be on time for your appointment. Please check in with the reception desk so we will know that you are here.
- 2) Please notify us 48 hours in advance if you must change your appointment. This will enable us to fill that time with another patient.
- 3) Please notify our office if any unavoidable circumstance has caused you to be late for your appointment.
- 4) Emergency patients will be seen at our earliest available time, but at no inconvenience to our previously scheduled patients.
- 5) Patients who come with no scheduled appointment will be seen only if we can do so at no inconvenience to our previously scheduled patients.
- 6) A fifty dollar (\$50) charge will be assessed for appointments you have missed or cancelled less than 24 hours before your appointment time. Broken appointments ultimately cause your dental fees to increase because of lost work time.

I READ THIS OFFICE FINANCIAL AND APPOINTMENT POLICIES SHEET AND UNDERSTAND AND AGREE TO THE POLICIES.

Signature: _____ Date: _____ Relationship to patient: _____

(signature of patient, parent or guardian)