

Our office will take extraordinary steps to understand your financial portion for your dental care. If you have dental insurance, as a courtesy to our patients, we will contact your insurance company or employer for a break down of your benefit plan.

We will give you a written treatment plan at your appointment. These plans include our fee, what insurance is estimated to cover, and what your out-of-pocket expense will be. If you have insurance, you must remember that these quotes are only estimates. Once you have received your estimate, our policies are as follows:

1. Patient portion of all dental care is due at time of service unless other arrangements have been made. Your insurance company will be billed for the balance.
2. We will attempt to collect from your insurance company for three months. After four months, we will ask for your help. You are the person paying the premiums and sometimes you or your employer have to demand action from the insurance company.
3. If, after six months, your insurance company does not settle the bill, then it becomes your responsibility. You will have to pay your balance and then get reimbursed directly from your insurance company.
4. We do offer interest free, long term financing at competitive rates through a financial company. Ask someone at the front desk for more information.
5. We accept cash, check, MasterCard, Visa, Discover and American Express credit cards.
6. A late fee may be applied to delinquent accounts.
7. A \$40.00 return check fee will be applied to your account, if applicable.

### **Appointment Cancellation Policy**

Our scheduling policy means that every appointment is dedicated to you. By not over-scheduling, we are able to consistently make your appointment time without running late, but it also makes the arrival time of each patient a priority. Because of this, we reserve the right to charge \$75 for any appointments cancelled with less than 24 hours notice. As a medical facility, emergencies do arise. When this occurs, you may experience a slight delay, and we appreciate your understanding of a patient's urgent need.

I have read and understand these policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_