



Appointment Policy

Our main goal is to provide the best comprehensive dental care possible. Your cooperation is a key component in accomplishing this.

We will always do our best to provide you with an appointment time that is convenient to your schedule. We will also try to be prompt. However, at times, we do experience emergencies or complications which may cause you to wait. We will do our best to avoid this and appreciate your patience and understanding when this occurs.

We appreciate your promptness to your appointments. We also understand that you may have your own complications or emergencies. In the event that you are late for an appointment, we will do our best to attend to you. However, we must give priority to those patients who are on time. Therefore, we may have to reschedule your appointment to a different day when there is more time available to adequately serve you.

In the event that you need to change a scheduled appointment, we ask that you give at least 48-hours notice. A \$50 fee will be applied to an appointment cancelled or failed without 48-hours notice.

Payment Policy

We feel that everyone benefits when definite financial arrangements are agreed upon.

Payment is due at the time service is rendered, unless other financial arrangements are approved in advance by our staff.

If you have insurance, we accept all assignment of insurance benefits to help you with the cost of your treatment. It is your responsibility to know your dental benefits and to inform us of any changes in carrier or updates to your plan. You will be expected to pay any co-pays, deductibles, and amounts estimated not to be covered by your insurance company at the time the treatment is provided. We will do our best to estimate this amount for you, however, as standardly stated by insurance companies, it is never a guarantee of payment. Your insurance company will determine payment only after claims are received and they might pay benefits based on fees considered usual and customary that differ from ours. Since our office is committed to providing exceptional treatment for our patients, our fees are considered usual and customary for our practice. If you end up with a balance or credit after all insurance payments are received, we will notify you. We encourage all patients with insurance to refer to their member handbook or to call their plan administrators with any questions or concerns related to their plan. In the event that a claim is denied, we will follow up with the claim and do our best to try to help you obtain benefits to assist you in paying for your treatment.

You are ultimately responsible for the timely payment on your account. In the event that your account is sent to a collection agency, you will be responsible for all costs of collection and reasonable attorney's fees.

Our office accepts cash, checks, Master Card, Visa, American Express, and Discover Card. We also offer interest-free financing programs. If you issue a check to our office that is returned due to insufficient funds, we will charge your account \$25.00 to cover bank fees and require that payment to cover the check and future visits be issued in a different form.

Thank you for understanding our appointment and payment policies. Please let us know if you have any questions or concerns.

I have read the above and fully understand the terms thereof.

Signature

(Parent or Guardian if patient is a minor)

Date