

Patient Responsibility Policy

- **Payment is due at time of service!** We do not provide in-house payment plans, however we do accept most credit cards including Amex.
- The office will gladly submit your insurance claim on your behalf.
- Any co-pays, deductibles, or co-insurance is your responsibility.
- We will estimate your co-pay, but once payment from the insurance company is received, any difference will be billed to you **and due within 30 days of receipt.**
- It is impossible to predict 100% of the time what every patient's benefits will cover. We will do our best to give an accurate estimate, but until payment is received it is just an **estimate.**
- As a courtesy, our office will submit a pre-determination to your insurance company. This will determine what your co-pays may be by submitting the request to the insurance company ahead of time. Please be advised that predeterminations can take 3-4 weeks before they are received back from most insurance carriers.
- Any outstanding balance is subject to a finance charge. If the balance is over 60 days then a **3% finance charge** on the balance will be charged. After 90 days it will become a **5% finance charge.**
- We will charge \$35 for any returned check due to insufficient funds.

Cancellation Policy

Office hours are by appointment and we do value your time. This office is a private practice dental office and not a dental "clinic." Appointment time is reserved for you alone. Where appropriate, we prefer to schedule longer appointments so we can complete as much needed dental treatment as possible during one appointment. We feel this type of scheduling will cause minimal disruption to your daily schedule and will provide efficiency in completing your dental care. When you make an appointment, please be sure that you will be able to keep it.

Emergencies and unforeseen patient treatment problems may arise, causing schedule changes. Emergencies are unexpected and seem to come at the most inconvenient times. If you have a dental emergency that needs immediate attention, we will always try to offer to see you at once. We expect that other patients who might be slightly inconvenienced by this will be understanding of the emergency situation. At some point, they may need the same courtesy too!

We always call to confirm appointments and we do so at the phone numbers that you have provided us. Please make a note of any dental appointments you have scheduled with us in a place where you will be easily reminded. If you cannot make an appointment as scheduled, please notify the office.

WE RESERVE THE RIGHT TO CHARGE \$35 FOR A BROKEN APPOINTMENT / NO SHOW / OR CANCELLATION WITH LESS THAN 24 HOURS NOTICE.

If you have any questions about our appointment cancellation and no-show policy, please feel free to ask us.

By signing below I acknowledge that I have read and understand the above office policies.

Signature and Date

Team Member's Initials and date