



Office Policy

Financial Guidelines: We accept patients who participate in insurance plans as well as patients who do not have insurance. **REGARDLESS OF INSURANCE STATUS, THE FEES ASSOCIATED WITH ANY TREATMENT, PRODUCT, OR APPLIANCE WILL BE DUE AT THE TIME OF SERVICE.** As a courtesy, we make an honest effort to give an estimate of what you can expect to pay. Additionally, we provide the courtesy service of submitting insurance claims on your behalf. Though we can estimate your expected payment, your insurance company makes final determinations. **THE PATIENT IS RESPONSIBLE FOR ANY OUTSTANDING BALANCE AND/OR COSTS NOT PAID BY INSURANCE.** If a patient's check is returned from the bank, he or she will incur a \$50.00 charge.

Unsettled Accounts: After 90 days, all accounts not paid in full may be sent to a collection agency and will be assessed a fee of \$50.00. We may cancel any appointment under an account which is delinquent. The patient will be responsible for all collection costs, attorney fees, and court costs.

Reserved Appointments: At our office, we believe you deserve the best in dental care. This is why we always present you with the best dental solution for your personal situation. In order to treat you effectively and efficiently, we make every effort to arrange a time convenient for you to manage your dental health care. You are a valued patient and we ensure that your appointment time is reserved especially for you. We make every effort to honor all time commitments and expect patients to extend the same courtesy to us. We aim to give you the time and attention you need when in our office. Please help us achieve this goal by being punctual for your appointment. **IF YOU ARE MORE THAN TEN (10) MINUTES LATE FOR YOUR APPOINTMENT, WE MAY NEED TO RESCHEDULE YOU TO ALLOW ENOUGH TIME FOR YOUR TREATMENT.** If we are able to see you the same day, we may alter the treatment we planned for that time. In order to know we can expect you, we require that all patients confirm their reserved appointments within two days of their appointment time. An appointment not confirmed by the day prior to the reserved time may be released to another patient.

Responsibility for Child Patients: ALL PATIENTS UNDER 18 YEARS OF AGE MUST BE ACCOMPANIED BY A PARENT/GUARDIAN TO EVERY APPOINTMENT. The parent or guardian who accompanies the child to his/her appointment will be expected to settle any balance on the account.

Cancellation Policy: OUT OF RESPECT FOR ALL OF OUR PATIENTS, WE REQUIRE A PHONE CALL TWO (2) BUSINESS DAYS IN ADVANCE TO CANCEL OR RESCHEDULE YOUR RESERVED APPOINTMENT TIME. Canceling within two business days is considered short notice. **IF YOU CANCEL OR RESCHEDULE ON SHORT NOTICE OR DO NOT SHOW UP FOR YOUR APPOINTMENT, YOU MAY BE ASSESSED A FEE;** the fee will be dependent on the amount of time reserved and will not be less than \$50.00. If you fail to appear or give a short notice cancellation for three of your appointments, we will not reserve another specific appointment time, you will be placed on our short call list, and an appointment reservation deposit may be collected for future appointments. The appointment deposit will go towards your out of pocket cost on the day of treatment. For patients who give short notice to cancel or who fail to appear, this deposit will be forfeited.

Insurance: We will gladly assist you in filling out the necessary forms to maximize your dental benefits, as well as discuss financial options. If you have any questions, please ask our Insurance Coordinator.

This authorization must be signed by the patient or the patient's parent or legal guardian if not yet 18 years old.

I acknowledge that I have read and agree to abide by the Office Policies as outlined above.

Patient/Guardian's Signature: _____ Date _____

Relationship to Patient (If signed by a guardian): _____