

Office Policies

We believe in optimum communication with our patients; therefore, we ask that you please read the following information and ask any questions, so we may help you fully understand our financial and appointment policies.

FOR OUR PATIENTS WITH DENTAL BENEFITS:

We will assist you in maximizing your insurance benefits by completing/ filing claims on your behalf. Please be aware that your coverage depends solely on what your employer wishes to provide to employees. We do not base our treatment needs on what the insurance company will cover but rather what the best treatment is for you. Please remember all estimates that are provided are the best estimates we can provide based on information your dental plan provides to us. Any difference in payment from your insurance and your account balance is the patient's responsibility. It is suggested for patients to read their dental insurance policy to be fully aware of limitations of your benefits and coverage provided.

ACCOUNT BALANCES/CHARGES:

Upon acceptance of treatment in this office, the patient/guardian assumes financial responsibility for payment of fees. Treatment is to be paid in full when services are rendered. This may be in the form of Cash, Check, Visa, Mastercard, Discover, and American Express. Balances older than 60 days are subject to interest charges of 1.5% per month until account is paid in full. Any balance over 90 days old will be sent to a professional credit reporting/collection agency. You will be responsible to pay all costs of collections including an additional 35% of the balance. Any professional check that is returned unpaid will incur a \$35 NSF fee to absorb bank charges to our office.

APPOINTMENTS:

Please understand that we reserve chair time exclusively for you when an appointment is made with us. In an effort to continually provide quality service, we ask that you keep your reserved appointment as it is scheduled. Kindly give a minimum of 1 business day notice if you need to change your appointment. Our time is valuable and so is yours. We will always do our best to be considerate of your time and complete your treatment efficiently.

A broken appointment fee will be charged if a courtesy 1 business day notice is not given. The broken appointment fee can vary from \$40-\$100 depending on the treatment scheduled and the length of time reserved. The office also reserves the right to deny any further treatment if a pattern of broken appointments and late cancellations are observed.

Please keep us informed of any changes to your health, or personal information so that we may serve you in the best possible manner.

Signature/Date

Signature _____ Date: _____