

PATIENT POLICIES

Welcome to our office. Our top priority is providing exceptional dental care in a relaxed, comfortable environment. We respect your time and would like to make your visit to our office as efficient as possible. Please review the following information regarding your dental care.

Cancellation, Late, or Missed appointment Policy: Because we care about you we realize it would be a disservice to you if we did not emphasize the importance of your own commitment to the care you need to receive and to the policies we ask you to adhere to. We want to see you on time to have adequate time to do the necessary procedures.

All appointments should be made before leaving the office, when possible, as our schedules fill quickly. We expect you to keep all your appointments. **With the exception of serious emergencies it is expected that you keep all of your appointments. If you need to re- schedule an appointment we require a minimum 24 hours notice (one business day if cancelling on a weekend.** In such a case, please call our office and arrange for a make-up appointment.

In an instance of a cancellation without 24 hours notice, or no-show to a scheduled appointment, **we reserve the right to charge you a \$25.00 fee.** In instances of repeated non-compliance with your scheduled visits, we also reserve the right to discontinue care, allow care on a space-available basis, or provide appointments on a pre-pay basis.

We appreciate you greatly as our patient and strive to accomplish wonderful results and success for you.

Financial Policies: We realize that every person’s financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve, allowing you to enjoy a healthy, beautiful smile with respect to your budget.

Co-Payment/Deductibles: We ask for a co-payment, which is 10% of the services provided that day. This excludes regular recall hygiene appointments. We accept cash, checks, debit and credit cards. Dental Insurance has limitations that we, as your dental provider, do not control; dental insurance is a contract between you and the insurance company. It is important to keep your account with our office up-to-date, regardless of the payment schedule of your insurance company.

Optional Payment Terms:

- 1. **Full Pay Courtesy on Day of Service:** We offer a 5% courtesy for all treatment that is paid in full by cash or check on the day of treatment. If you have dental insurance, paid-in-full will mean you will receive the courtesy discount on the estimated co-pay portion.
- 2. **Major Service – Two Payment Option:** We offer a two-payment option for crowns, bridges, root canals, and denture treatments. We ask that you pay one half of your treatment cost at the first appointment and the second half at the second appointment.
- 3. **Out of Office Financing:** By arrangement with CareCredit, we offer our patients, upon approval, an interest-free, low monthly payment plan option through these third parties with no down payment, no annual fee, and no pre-payment penalty. Please ask for a hassle-free application with an on-line decision in minutes.

Delinquent Accounts: We will consider an account delinquent when the balance goes unpaid for 90 days without a financial arrangement in place. Accounts may be turned over to an outside collections agency for handling. A patient whose account has been turned over for collections will be responsible for all collection and court costs associated with this process. Patients who have had their accounts turned over to collections will no longer be considered active in the dental practice and will only be seen on a cash basis once the balance has been taken care of with the collection agency. Patient Initials _____

Payment Policies: There is a \$25.00 fee on all returned checks. Accounts 30 days past due will accrue a 1.5% per month late payment charge on any amount over-due.

By my signature below I acknowledge receipt of the appointment and financial policies.

Signature of patient or legally authorized individual

Date

Printed Name

Relationship to patient (if not self)