

## Patient Policies

**Cancellation, Late, or Missed Appointment Policy:** We strive to provide our patients with the utmost professionalism and excellence of service. Our commitment to your oral health is something our office takes quite seriously. 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. Arriving on time will permit all the treatment planned for the day. 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 your appointments. If you need to re-schedule an appointment we require 24 hours notice. **In such a case, please call our office and arrange for a make-up appointment. In the event of a cancellation or no-show appointment with less than 24 hours notice, a \$50 fee will be applied to your account or 5% fee to your total treatment plan.**

**Financial Policy:** 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 that allows you to enjoy a healthy, beautiful smile with respect to your budget.

All dental services including emergency services must be paid at the time of services rendered.

**Dental Insurance:** We welcome an open discussion of services and fees prior to treatment. Once insurance eligibility is determined, as a courtesy to you, we will file for payment of your benefits. We ask that your estimated co-payment and deductible be paid at the time of your service. We accept cash, checks, debit cards, credit cards and Care Credit. Dental Insurance has limitations that we, as your dental provider, do not control. If you are unclear as to whether a particular procedure is covered by your carrier, please check with your insurance before scheduling. It is important to keep your account with our office up-to-date, regardless of the payment schedule of your insurance company. Ultimately, your bill and your insurance coverage is your responsibility.

### **Optional Payment Terms:**

- ***Major Service-Two Payment Option:*** We offer a two-payment option for crowns, bridges, 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.
- ***Credit Card Payment Option:*** We allow (with a signed agreement form and established payment history), a Credit Card Payment Option which allows you to make three equal installments by credit card. One-third of treatment cost is charged to your credit card at the first appointment; one-third is charged to your credit card 30 days later; and the final one-third is charged to your credit card at 60 days from the initial appointment. Our office personnel will bill these to your credit card on the due dates.
- ***Out of Office Financing:*** By arrangement with Care Credit, we offer our patients, upon approval, an interest-free, low monthly payment plan option through this third party 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.

Treatment Plans: Patients must understand that the fee estimate listed is just an estimate. Treatment plans developed in this practice are subject to change depending on the specific dental condition and your insurance coverage.

Payment Policies: There is a \$25.00 fee on all returned checks. Accounts 90 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.

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**Patient Name**

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*Signature of Patient or legally authorized individual*

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*Printed Name*

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*Date*

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*Relationship to patient (if not self)*