

## Office Policies

Thank you for choosing our office for your dental care. We are committed to the success of your treatment. Our team will do our best to meet your individual needs. Each patient is treated with respect and confidentiality; in return we ask that you do the same. Also, as a courtesy to others, please silence your cell phone, and if necessary please take your calls outside while in our office. Please understand that that payment of your bill is considered a part of your commitment to treatment.

### ABOUT OUR FEES

The following is a statement of our financial agreement, which we ask you to read and sign prior to any treatment. **Your CO-PAY & DEDUCTIBLE ARE DUE IN FULL AT THE TIME OF THE SERVICE.** To accommodate you, we accept cash, checks, Visa, MasterCard, Debit cards and Discover. For extensive treatment plans we offer extended payment plans with prior credit approval. Interest will be charged at a monthly rate of 1.5% for accounts that are past due. If your account is sent to our collection agency, you will be responsible for any and all costs involved with the collection process. This will include all court costs and attorney fees.

### REGARDING INSURANCE

We will accept assignment of your insurance benefits. However, we do require your co-payment and deductible be paid in full at the time of service. The balance is your responsibility whether your insurance company pays for your treatment or not. We will gladly process your claims, **as a courtesy** provided you give us accurate insurance information. It is your responsibility to inform us of changes in your insurance coverage. Your insurance policy is a contract between you and your insurance company. Please be aware that some, and perhaps all, of the services provided may be non-covered and/ or not considered reasonable or necessary under the policy your employer has selected. However, if a service is not covered, then it is your financial responsibility.

### MISSED APPOINTMENTS

Please help us serve you and our other patients better by keeping scheduled appointments. Appointments that are missed or changed at the last minute are then unavailable to patients who need appointments. Missed appointments or changed appointments, if less than 48 hours notice given is charged an appropriate fee. Please consider your schedule carefully when scheduling appointments.

Thank you for taking the time to read and understand our financial agreement. Our practice is committed to provide the best treatment for our patients. Please let us know if you have any question. Any of our team members would be glad to review the financial policy with you at any time.

I have read the office policies. I understand and agree to this financial agreement.

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Signature of Patient or Responsible Party

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Date