

OFFICE POLICIES

THANK YOU for choosing us to help you and your family strive for your family's optimum oral health. Investing in quality dental care can be a step toward improved appearance and self-esteem. In order to ensure that our relationship has a positive beginning, it is important that you read and understand our office policies, Feel free to ask any questions that you have regarding our policies.

MISSED APPOINTMENTS: An appointment to visit our office reserves the time exclusively for you. Failing to keep a reserved appointment will result in a charge of **\$25.00 per half hour**. No fees will be charged for rescheduling an appointment provided 48 hours or more notice is given.

We respect your desire to make a responsible decision regarding your treatment and its related fees. Every effort will be made to discuss the benefits, alternative treatments, possible risks, and financial aspects of your procedure so that you may make an informed decision to either refuse or accept the recommended treatment, Acceptance for the treatment implies that you understand and consent to all treatment and fees involved.

AS A COURTESY we will submit your dental insurance claim and accept the assignment if the information we need from you is provided in a timely manner. Your treatment will not be compromised in order to meet the usual and customary fees that your insurance company may impose. **IT IS IMPORTANT FOR YOU TO UNDERSTAND THAT INSURANCE BENEFITS GENERALLY DO NOT COVER THE ENTIRE FEE AND THAT THE DIFFERENCE WILL BE OWED BY YOU. DENTAL INSURANCE DOES NOT ABSOLVE YOU OF THE FINANCIAL RESPONSIBILITY FOR THE TREATMENT RENDERED.** Our office, staff will gladly be of assistance should you have any questions about your treatment or related costs.

YOUR INVESTMENT necessary to complete treatment is based upon an estimate derived from our examination and diagnostic procedures. Should additional unforeseen problems arise as treatment progresses, this estimate may have to be revised. You will be consulted before any unexpected treatment is undertaken.

PAYMENTS being made by non-insured patients are expected in full with cash, check, or credit card the day the services are rendered. Care Credit, Mastercard, Visa, American Express, and Discover are accepted by our office for your convenience. Financial arrangements, subject to credit approval, may be made before treatment is rendered. There is a \$25.00 handling and bookkeeping fee for any returned checks (you may be subject to additional charges by your financial institution).

WHEN your balance remains **UNPAID** after 60 days your account becomes delinquent. A late charge will accrue on the account balance at the rate of 1.5% per month (18% annually). You will receive a letter stating that in 30 days your account will be reported to TRW and collection proceedings will begin. A bookkeeping fee of \$50.00 will be charged to your account when TRW is notified. Any fees, including court and attorney fees, will be the responsibility of the guarantor.

FAILURE TO SIGN this agreement DOES NOT negate your financial obligation for any previous or future treatment.

I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE OFFICE POLICIES:

Signature

Date

Relationship to Patient