

## Appointment Policy

---

We make every effort to see all patients on time and request that you extend the same courtesy to us. Appointments are reserved exclusively for you and will be scheduled at times best suited for the treatment involved. Any changes in appointments greatly affect other patients.

We require a minimum of **24 hour notice** for any appointment changes. We ask that you to confirm your appointment to let us know you are coming or you will be considered a walk-in patient and we cannot guarantee your appointment time. A fee of \$50 will be charged for broken appointments, short notice changes or no shows. Excessive broken appointments, no shows could result in dismissal. You will receive a reminder call / text / email before your scheduled appointment, this is just a courtesy, you are responsible for your appointment date and time.

## Financial Policy

---

In our efforts to keep dental costs at a minimum while maintaining a high level of professional care, we have established the following:

### **Patients with Co-Pays or without Dental Coverage**

Payment is expected at time of treatment and may be paid for by:

1. Cash
2. Care Credit / Flex Account Card/HSA Card
3. Credit Card-Visa, Master, Amex, Discover

### **Patients with Dental Insurance Coverage**

1. Insurance plans are accepted providing that verification of eligibility has been made prior to the appointment and that we can accept the assignment of benefits.
2. Deductibles and **estimated** patient-portions not covered by insurance will be collected at the time services are rendered.
3. All fees related to treatment are the full responsibility of the patient. In the event that payment is not received within 60 days from treatment or the insurance payment varies from the estimated portion, the remaining balance will become the responsibility of the patient.

## Additional Information

---

1. Treatment consisting of several visits will require an appropriate down payment with the balance due upon completion.
2. Payment Plans are available through Care Credit if you are interested ask us for more information.
3. Account Balances not paid within 30 days from the statement date will be subject to a service charge of \$5.00 per month as well as any charges related to collection of overdue accounts will be added to the patients account.
4. Account balances are due upon a receipt of statement from our office. You may pay by cash, credit, check-by mail only or credit-over the phone.

**I have fully read the above information and agree with the terms and conditions:**

---

**Patient/Responsible Party Signature**

---

**Date**