

Office Policy

We appreciate your allowing us to provide dental care for you/your family. Because we value our relationship with you and believe that the best relationships are those based on understanding, we offer these clarifications regarding our office policies.

- We accept cash, checks, money orders, debit and credit cards (Visa, Master Card, Discover, American Express & Care Credit) as payment to your account.
- You are responsible for all charges at each visit. If you have dental insurance, we will file the claim as a courtesy on your behalf. Some insurance companies will pay us while others will pay you directly. If your insurance company pays us, your co-payment and any portion the insurance does not pay is due before the beginning of treatment. Although we make every effort to estimate your payment and ensure we maximize your insurance benefits, you are responsible to pay immediately any balance not paid by your insurance for any reason.
- Please come prepared to pay at all appointments. All **co-payments and deductibles are due at check-in**, before treatment is rendered. If you are not prepared to meet your financial responsibility at the time of your visit, we reserve the right to reschedule your appointment and a late cancellation fee may be charged.
- If your insurance company has not paid your account in full within 45 days, the balance will automatically be transferred to you.
- If your account becomes 90 days overdue, your account will be sent to a collection agency and all fees associated with collection of the overdue account will be charged to you.
- **48 HOURS NOTICE IS REQUIRED FOR ALL APPOINTMENT CANCELLATIONS/CHANGES.** Please call back to confirm your appointment by the day prior to the appointment. If you get the answering machine, please leave your confirmation message on the tape. A \$75 fee may be charged to your account if you fail to give 48 hours notice of your inability to keep a scheduled appointment. Please help us serve you better by keeping your scheduled appointments.

If you have any questions regarding our office policies, please feel free to ask.

I have read and understand the above Office Policy.

Print Name: _____

Signature: _____