

Office Policy

Cancellations / Appointment Changes:

At 24 hours notice is required for cancellation and / or rescheduling appointments. Please call during office hours because the after-hours answering service does not accept appointment changes. Failure to notify the office prior to 24 hours will result in a \$75.00 fee per hour of scheduled time.

Financial:

Payment is expected on the day that dental services are rendered.

Financial arrangements must be made in advance as a condition of your treatment by this office.

If your account requires collection proceedings, you will be responsible for the collection fees, legal fees, in addition to the balance and interest. A service charge of 1.5% per month (18% per annum) will be charged on unpaid balances exceeding 60 days, unless previously written financial arrangements are satisfied.

Insurance:

Reimbursement from your insurance is not guaranteed, the patient is ultimately responsible for all charges.

The estimated co-insurance payment is subject to change. Coverage approximate is based on the information provided by your insurance during verification and may not disclose specific restrictions.

The patient is responsible for all denied claims or procedures. If the claim is not paid by the insurance in a timely manner (45 days), the unpaid balance will be immediately due by the patient. The patient can then contact the insurance company for a reimbursement.

I have read and accept the terms of the above specified policies

Signature: _____ Date _____