

“EVERYTHING FOR YOUR SMILE”

Welcome to our practice! Thank you for choosing us as your dental care provider. We are committed to providing you with the best possible care and to your treatment being successful. Your understanding of our Office and Financial policy is important to our professional relationship.

OFFICE POLICY

Our fees are based on the time, skill, and resources necessary to provide the finest dental care available today using the highest quality materials.

You can schedule appointments by calling during regular office hours. When your condition requires urgent attention, we will make every effort to meet your needs. **Should you break an appointment without a minimum of 48 hours notice or if you are more than 15 min late for an appointment you will be rescheduled, and it may result in a \$25.00 charge to your account.**

Initial _____

FINANCIAL POLICY

You will be held responsible for all fee and service charges incurred on day of service. Please ask us for details. Our financial policy is designed with one primary concern – “your dental well-being”. We have many payment options available. We accept Cash, Visa, MasterCard, Discover, American Express, and Care Credit. ***<We consider the parent or guardian who brings the child to our office for treatment the responsible party for payment of the child’s account. If someone else is legally responsible for the child’s account, it remains the responsibility of the parent or guardian bringing the child in for treatment to seek reimbursement for payment made to our office. We will be happy to assist you by providing you with a copy of the charges and payments made at each visit.>***

Any returned checks are subject to a \$20.00 service fee. Any returned check must be resolved before any future appointments can be arranged.

Initial _____

DENTAL INSURANCE

- 1 **As a courtesy to you,** our staff will complete your dental insurance claim form and submit it to your dental carrier directly.
- 2 When you assign benefits to our office, our staff will then estimate your coverage; you will be asked to pay your portion of the charges.
- 3 We will help you in every way we can in filing your claims, processing follow-ups, or in locating lost claims.
- 4 **You should remember that your insurance policy is a contract between you and your insurance company and you will have the final responsibility of your account.**
- 5 No question is too small for you to ask, whether it is about your treatment, benefit plan, or statement. Ask us anytime – we are here to help you.

Initial _____

I have read and understand the office and financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Patient or Responsible Party

Date