

## Financial Policy

Thank you for choosing us as your dental care provider. Our main concern is that you receive the best care possible to maintain your oral health. In order to serve you better, we require that all patients read and sign our financial policy as well as complete our patient information form prior to seeing the doctor. If at any time you have any questions, please do not hesitate to ask.

You will be asked for information that will allow us to verify your Insurance prior to your appointment. Any service that is not covered by your Insurance as well as any applicable deductibles and co-pays will be due at the time the service is rendered. We ask that you take a few minutes to read your booklet and become familiar with your Insurance benefits. For your convenience we accept cash, checks, Visa, MasterCard, American Express, Discover and Care Credit.

Returned checks will incur a service charge of 25.00. We do use a collection agency that reports to all three credit reporting agencies for accounts that are deemed uncollectible.

Please note that unless appointments are cancelled 24 hours in advance, there will be a \$50.00 charge for the first missed appointment, \$75.00 charge for the second missed appointment and \$100.00 for the third missed appointment. At the third missed appointment you will be released from the practice and we will forward your records to the office of your choice.

I certify that the Insurance information I have provided is correct. I agree to pay in full for services upon notification that these charges have not been paid and that they are my responsibility.

Once you have signed this agreement, you agree to all of the terms and conditions contained within and will be in full force and effect.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_