

FINANCIAL POLICY

Payment is expected **at time of service**. We will accept cash. *Care credit and Credit Card*

Past due accounts may be turned over to a collection agency. Any fees incurred due to this, will be added to the outstanding balance. This may include late fees, collection agency fees, court fees etc.

We accept insurance. We will file your claims at no charge. It is the patient's responsibility to provide us with current insurance information prior to date services are performed.

If any payment from an insurance company becomes 30 days past due, you will be immediately billed for the entire balance.

Verification of eligibility and benefits payable by your insurance does not constitute a guarantee of claim payment. Final determination of benefits payable will be made at the time a claim is submitted and processed.

Not all services are covered by insurance. In the event that your insurance carrier determines a service "not covered" you will be responsible for the complete charge. If your insurance provides coverage for alternate services or downgrades any service, you will be responsible for whatever portion is not covered due to the modification made by your insurance. We will file pre-treatment estimates **AT YOUR REQUEST ONLY**. Please be aware that some insurance companies may not honor a pre-treatment estimate or may alter it. In all cases, it may delay important dental care.

Insurance limitations and regulations vary with all insurance plans. We do not base your treatment plan on what your insurance plan covers or does not cover. It's ultimately your responsibility to be aware of your dental plan coverage, regulations and limitations to avoid confusion and any surprises.

Signature X _____ Date _____

APPOINTMENT POLICY

Due to the high number of patients requiring dental care, certain appointment times might not be readily available. Because of this, **we enforce a missed appointment policy to ensure that all patients receive care as soon as possible.**

Appointments that are 2 hours or longer may be subject to pre-payment to ensure your scheduled time.

Missed appointments and appointments cancelled without 24-hour notice are subject to a cancellation fee of \$25.00. Appointments that are 2 hours long or more may be subject to fee of \$50.00.

I do hereby consent and acknowledge my agreement to the terms set forth in the FINANCIAL POLICY & APPOINTMENT POLICY FORM and any subsequent changes. I understand that this consent shall remain in force from this time forward.

Signature X _____ Date _____