

FINANCIAL POLICY

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payments.

CASH, DEBIT, VISA, MASTERCARD, HEALTH SMART

Your insurance coverage is an agreement that is entered between you, your employer and your insurance provider. Please note that we are not responsible for knowing your insurance coverage. i.e plan maximums, frequencies and limitations.

Note that we do not ever receive any updates from any insurance/employer with regards to changes in a policy. It is your responsibility to inform us of these changes when they occur, and prior to any appointments scheduled.

We will, as a courtesy, mail or electronically send your claims to your insurance provider on your behalf.

We are committed to support you in understanding your dental health so that you will always be able to make the best choices.

I, the undersigned, agree that I am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a benefit of any dental insurance that I may have. One and one half percent (1.5%) per month interest (18%) per year will be charged on accounts 60 days from treatment date.

OFFICE POLICY / MISSED APPOINTMENTS

Appointment times are reserved especially for you. Should you need to change your appointment, no charges will be incurred provided you give 2-business days notice. If proper notice is not given then a retainer of either \$75 per hygiene appointment, or \$150/hour per dentist appointment will be required. These fees will be used to reserve your next appointment and will be applied toward your treatment that day. If that following appointment again is not compliant to the office policy, the retainer will be deemed a missed appointment charge.

Signature (Responsible Party)

Print

Date