

OFFICE POLICIES

Our goal is to provide you with the highest quality dental care in a fun, caring environment. We want to have a long-term relationship with each patient to provide a preventive dentistry program. To facilitate your treatment in our office, we will do our best to help you understand your investment in your dental health. In order to prevent any misunderstandings, please read this carefully. Your signature at the bottom indicates you are aware of our office procedures. We welcome any questions you may have.

Please read and initial the following:

Payment Options and Financing: Payment in full is expected at the time of service. To assist you with your investment in your dental health, we offer the following financial options for patients:

- We accept Visa, MasterCard, Cherry Finance and CareCredit.
- If you require a monthly payment installment plan we offer 3rd party financing through Care credit or Cherry financing.

Insurance Billing: Please provide us with your dental benefit plan information. We are happy to assist you in obtaining maximum dental benefits by preparing and submitting your claims. Please note that there are some plans in which we do not participate as a preferred provider. We require payment of deductibles and coinsurance to be paid at the time of service.

Preauthorization: At your request, we will submit a copy of your treatment plan to your insurance carrier so that you can receive an estimate of benefits before starting treatment. However, it is important to note that this predetermination of benefits is not a guarantee of payment by your insurance carrier; and ultimately the total cost of your treatment is your responsibility. If the insurance carrier disputes payments, they will become the full responsibility of the patient after 90 days from the date of service. We cannot be responsible for collecting your insurance benefits or negotiating a settlement of a disputed claim, although we will do our best to assist you during the process.

Finance Charges: Account balances over 90 days from the date of service are subject to a 1% monthly finance charge.

Appointment Reminders: As a courtesy, we routinely call to remind patients of their appointments one to two days in advance. However, we do expect our patients to be responsible for keeping their appointment whether or not a reminder call was received.

Appointment Changes: Your appointment time is reserved exclusively for you and we appreciate your commitment to keep it. We do understand that at times an appointment must be changed, but require 2 business days notice to avoid a \$75 per hour cancellation fee.

Right to dismiss: Failure of two or more scheduled appointments will result in the dismissal of you

Returned Checks: There is a \$25.00 charge for any returned checks.

To the best of my knowledge, the questions on this form have been accurately answered.

Signature of patient or legal Guardian

Date