

Family Dental Clinic's Office and Financial Policy

Thank you for choosing our office as your dental health care provider. We are committed to providing you with the highest quality dental care so that you may fully attain optimum oral health. In order that we may have a definite understanding in regard to the payment for dental services, the following is our policy.

Payment is due at the time service is provided. We accept cash, personal checks, Visa, MasterCard and Care Credit. All returned checks will be subject to a \$20.00 fee.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services regardless of dental insurance. As a courtesy, we will process all insurance claims. Patient's deductibles and co-payments are due at the time of service. This amount is an ESTIMATE figured with the information the insurance gives us in regard to your plan. In some cases this amount may be different when the insurance pays. Dental insurance is a benefit for the patient provided by their employer, and the contract lies between the patient, employer, and the insurance company. Our office is not a party to that contract. We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. However, this office will not enter into a dispute with your insurance company over any claim. Once insurance has paid their share, a statement will be sent to you for any remaining balance and will be due upon receipt.

Cancellation & Late Policy: Your appointment time is reserved for you. If you are late for your appointment, we may not be able to accommodate you. If you think you are going to be late, please call the office as soon as possible. We will then advise you as to whether your late arrival can be accommodated, or if we will need to reschedule your appointment. We maintain a very strict schedule, and we must insist that appointment times be respected. For cancellations we require 48 hours notice. If we do not receive the proper amount of notice, an \$80 fee may be charged. A no-show appointment will be charged \$80. We do however understand that emergencies do arise.

Consent: I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO MY DENTAL OFFICE.

Patients name _____ **Patient signature** _____

Date _____
