

Policies Form

FINANCIAL AGREEMENT & BROKEN APPOINTMENT POLICIES

Full name of person filling out this form *

Relationship to Patient *

Self Parent or Guardian

FINANCIAL AGREEMENT

This agreement is to inform you of your financial obligation to our practice. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs. All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 90 days from date of service, you will be expected to pay the balance in full. As a courtesy to you we will help you process your insurance claims. In order for our office to file your insurance claim, you must bring proof of insurance. Your estimated co-payment for treatment, which is the amount not covered by your insurance, is due at the time service is provided. Your co-payment may be adjusted after the time of service depending upon the final reconciliation of insurance payments. Our office accepts cash, personal checks, and all major credit cards. Outside financing is available through CareCredit and/or Lending Club upon request and approval. Returned check fee charge is \$35.00. Additionally, our office has the right to charge you for appointments that you do not keep and for appointments that you do not cancel with 48 hour notice. Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the most positive experience in dental care.

Signature *

BROKEN APPOINTMENTS

As we try to be respectful of your time, we also ask you to be mindful of our time and be prompt for your appointments. We try our best to run on schedule, but we are unable to do that if our patients aren't here on time. If you are more than 10 minutes late, we may have to reschedule your appointment. We kindly ask you to give us 24 hours notice if you are unable to keep an appointment. This allows us to fill our schedule with other patients who may be waiting. A broken appointment is an appointment that is rescheduled or cancelled with less than 24 hours notice. We understand that illness, emergencies, flat tires, and bad weather do occur. We allow one broken appointment. After the first one, we will charge a fee for any other broken appointments. It is our office policy to discontinue seeing a patient after three broken appointments. Our number one concern is our patient's dental health. Providing services in a timely manner is critical to accomplish that goal. Our other goal is to keep the cost of dental services affordable. The appointment you schedule is reserved for you and your treatment only. When you fail to keep your appointment without providing adequate notice, this adds to the overall cost of care, as trained professional and dental facilities are not being utilized. We appreciate your understanding and consideration regarding our appointment policy. If you have any questions or concerns, never hesitate to ask. I have read and understand the above policy.

Signature *