

Scheduled Appointments- Reservations

Our office is committed to serve your dental healthcare needs. We provide a courtesy reminder call 24-48 business hours prior to your scheduled appointment. We request, if the need arises to reschedule, that you call and notify our office at least 2 business days in advance of your scheduled appointment time.

This advance notice allows our office to provide care to other patients who may require our services.

We hope you understand without this proper notification, your account will be charged for the time that was reserved for you.

Insurance and Financial Policies

To ensure that we provide you with the best possible care, we need your clear understanding regarding our financial policies. To assist you with questions regarding patient and insurance responsibilities for services rendered, financial policies are described below:

A copy of your insurance card is requested at every visit.

Your insurance co-pay (if applicable to your insurance plan) must be collected at the time of service. We do our best to estimate your co-pay from the information your insurance provides to us.

It is your responsibility to be aware of your insurance policy guidelines, regulations and payment policies, as some services may not be a covered benefit under your specific plan. Please be aware that our office has no control over what your insurance company may or may not cover. Co-payments, deductibles, co-insurance, etc, are costs that originate from your insurance company.

We bill your insurance as a courtesy. If your insurance does not pay within 90 days, we reserve the right to request payment in full for services from you, and let you collect the insurance funds that are due to you. This is rare, but it is important for you to recognize that insurance is a legal contract between you and your insurance company. Accounts not settled may be considered for further collection efforts.

Please note that a late charge of 1.5% per month (18% annual percentage rate will be applied to all delinquent account over 60 days. This late charge is applied only to the patient portion of the account balance.

There will be a handling fee for any returned check in addition to any bank charges.

For your convenience we accept cash, personal checks, Money orders, Visa, MasterCard, American Express and Discover.

Signature of Patient or Patient's Representative

Date

