

# Financial Policy

Thank you for choosing our practice to serve your dental needs. Please take the time to read the following, initial each section, and sign and date the bottom of the second page.

\_\_\_\_\_ Full payment is due at the time of service unless arrangements have been made prior to the start of any treatment.

\_\_\_\_\_ Insurance balances are ultimately the patient's obligation. We will file most primary insurances at no cost to you as a courtesy. However, insurance balances which are not paid within 60 days may be billed to you. Please keep your walk-out statements and follow up with your insurance carrier to ensure prompt payment.

\_\_\_\_\_ Some of your treatment may not be covered by your insurance carrier. The cost for such charges will be your responsibility.

\_\_\_\_\_ Major services may require a deposit equal to at least one half of the estimated patient portion at the time the appointment is made.

\_\_\_\_\_ Patients are asked to confirm their appointments at least 48 hours in advance by directly contacting our office or by responding to our confirmation contact. Failure to confirm your appointment may result in a charge for the time reserved. **\*See cancellation policy on next page.**

\_\_\_\_\_ There will be a fee of \$30.00 for any checks returned as Non-Sufficient Funds (NSF)

\_\_\_\_\_ Patient balances that go unpaid for 30 days or more may incur one or more of the following charges:

**Interest charges of 1.5% per month**

**18% APR collections fees (up to 25% of the full balance)**

**Legal fees for collection services**

# Cancellation Policy

It is our office policy to confirm appointments two days in advance to ensure that optimal dental care is provided to you and your family at a time and day that is convenient to you. Therefore, we need to know as soon as possible if you will be unable to keep your appointment so that we may offer that time to someone who has an immediate need. Missed appointments not only create an inconvenience to us and our other patients, but also puts a financial burden on our practice when we keep staff and other resources available for appointments that are not kept. Our cancellation policy is as follows:

*1<sup>st</sup> time cancellation* within 24 hours will result in no charge. However you will be re-informed of this policy verbally and a written cancellation policy notice will be sent home.

*2<sup>nd</sup> time cancellation* within 24 hours will result in a \$25 missed appointment fee.

*3<sup>rd</sup> time cancellation* within 24 hours will result in a \$50 missed appointment fee and you will be added to a 'Same Day Only' list. This means that, going forward, you will not be allowed to book ANY appointment for a future time, only on the day you have called in *if* there is an availability on that day. If there is not, you will need to call on another day to see if an appointment is available.

If you are late for an appointment and there is not enough time remaining in the schedule to complete your planned treatment before our next patient is due, we may need to reschedule your appointment. Therefore, a cancellation fee may apply.

We certainly understand that emergencies do occur and we do not wish to penalize patients for unavoidable situations. However, we do want to discourage repeated abuse of our scheduling process, which is ultimately unfair to those patients who are diligent about keeping their appointments.

If you have any questions at all about this policy, please do not hesitate to ask. We appreciate your business and your understanding of the need for this policy.

I have read the above information regarding the Appointment Cancellation Policy and agree to its terms.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witnessed By