

Welcome To Our Dental Family

We appreciate the trust you have placed in us. We will make every attempt to honor that trust by providing the quality of dental care you require & deserve. One of our primary concerns will be to make you feel comfortable in our office.

Payment for service is due and payable at the time of service, unless prior arrangements have been made with one of the administrative staff members.

Insurance claims will be filed for you; however, the estimated portion not payable by the insurance company is due and payable on the day of service. Any estimated insurance amount not received within 60 days of service will be billed to the patient (responsible party) for payment. Ultimately the patient is responsible for any fee not reimbursed by the insurance company.

Payment may be made by cash, personal check, Visa, MasterCard, or Discover.

A \$25.00 per hour fee will be charged for failed appointments or cancelled appointments without 24 hour notice (calling after 2 p.m. on Friday to cancel a Monday appointment is regarded as less than 24 hours notice).

Patients or responsible parties are responsible for all fees connected with overdue account collections, including attorney fees & court costs.

A \$15.00 charge for Non-Sufficient Funds checks.

Please feel free to address any questions or concerns to one of the administrative staff members!!

I have received a copy (given upon request) and accept this policy.

PATIENT OR PARENT SIGNATURE _____