



FINANCIAL ARRANGEMENTS AND OFFICE POLICIES

- Our office policy is that patients pay for services at the time services are rendered.
- Payment can be made with **Cash, Check, MasterCard, Visa, Discover, and American Express.**
- There will be a \$35.00 processing fee for any returned checks.

- **DENTAL INSURANCE IS ONLY AN ESTIMATE**
Please note that dental insurance is a contract between you and your insurance carrier and therefore, you remain responsible to our office for all dental services. Insurance forms are filed as a courtesy to you and all benefits that we receive from your insurance carrier will be credited to your account. Please note: all **“ESTIMATES”** are based on the information obtained from your Insurance Carrier and you remain responsible for any difference between our quoted fees and what the insurance actually pays (including if your insurance carrier denies or does not pay a claim for ANY reason). You may receive an additional bill or a refund once your Insurance Carrier has processed your claim. By signing this form you agree to promptly pay the entire billed balance within 30 days or you will be subject to finance or billing charges.

- **FINANCE OR BILLING CHARGES**
If you do not pay the entire billed balance by the billing date, a finance charge will be added to your account. Accounts in default will also be subject to collection proceedings at our sole discretion.
In the case of default of payment, you will be responsible for all legally permissible interest on the balance due to us, together with collection costs and reasonable attorney fees.

- **CANCELLATION POLICY**
Appointment times are reserved especially for you. If you must change your appointment time, you must notify us at least **48** hours in advance. **All appointments cancelled without a 48 hour notification are considered “NO SHOW” appointments and will result in a \$50 fee. This fee must be paid prior to being scheduled again.**

By signing below I acknowledge that I have read and agree to the office policies described above.

Signature

Date