

Our Office Financial Policy



Thank you for choosing us as your Dental Health Care Provider. Our primary mission is to deliver the best comprehensive Dental Core possible. The following is a statement of our **Financial Policy**. Please understand that we value you as our patient and are committed to providing the best treatment possible.

Minors Accompanied by the parent or legal guardian

The parent or legal guardian accompanying a minor, who has consented to treatment are responsible for full payment at time of service.

Missed Appointments and Cancellations

To provide the best service to all our patients we **require 48-hour** notice for cancelled or rescheduled appointments. We understand emergencies do arise, however a charge of \$75.00 may be assessed for multiple missed, short notice, or cancelled appointments.

- ▶ Payment is due at the time of service for Deductibles, Estimated Copays and any amount NOT covered by your Insurance Company by Cash, Check, MasterCard, Visa or Discover.
- ▶ Outside Financing is available. (ask for details)
- ▶ Prepayment Courtesy discounts available
- ▶ By signing this form it instructs your Insurance Company to make payments directly to our office.

Consent

I have read, understand and agree to the above terms and conditions.

Patient/Parent name printed _____

Patient/Parent name signature _____ **Date** _____