FINANCIAL POLICY

- **General:** Patients under the age of 18 will not be seen without an adult present. This is to ensure the safety of our patients in the event of an emergency.
- <u>X-Ray Policy:</u> Our office will not be able to provide any dental care if the patients refuse to have their x-rays taken or sent from their previous dentist. Patients need to request and sign the X-ray Release Form in order to obtain a copy of x-rays.
- <u>Major Treatment:</u> It is very important all major cases are completed in a timely manner. Our office will not accept responsibility for any case started but not completed against doctor's recommendation and/or treatment plan. If a patient does not follow the dentist's instructions regarding post-operative care, prescriptions or sequence of treatment, our office will not be held responsible.
- <u>Insurance</u>: We will fully assist all our patients with dental insurances. Insured patients should read their policies carefully to become familiar with its benefits and limitations. It is important that you understand the patient is ultimately responsible for the full amount of your bill regardless of your insurance. Any insurance payment not received after 60 days of filing becomes the patient's responsibility. All insurance cards must be presented at every visit.

ALL FEES ARE TAKEN FROM YOUR INSURANCE HANDBOOK.

- <u>Payment Information:</u> Our office will quote you the approximate fee for the treatment of your next appointment. All patients are expected to pay their percentage or co-payment at the time of service. Our office accepts cash and major credit cards (**We do not accept personal/business checks**.). Patients with a co-pay of \$250.00 or more will be required to make payment with cash or credit. All procedures that have been started and paid for will not be refunded if you as the patient decide to go elsewhere. All procedures are subject to change and are always just an estimate.
- <u>Delinquent Accounts:</u> If your account has an outstanding balance for more than 60 days, a monthly billing charge of \$7.00 is added to your balance. If the account is not cleared within 90 days, the account will be turned over to the collection agency. The account balance will then be subject to a 35% collection fee. Any patient whose account is in collection will not be seen until the balance is paid in full.
- Broken Appointments: Broken or canceled appointments with less than 24 hour notice will result in a fee for the time that was allotted for you. Minimum failed appointment charge is \$35.00. If you wish, our office may give a courtesy call, email, or text message two days before your scheduled appointment. If for some reason you do not receive a reminder message from us, it is still your responsibility to show up for your scheduled time, or cancel the appointment giving a 24 hour notice. The patient is expected to arrive a few minutes before scheduled time. Depending on the amount of time that you are late, it may result in the office having to reschedule your appointment.
- **Referrals:** When being referred to a specialist, it will be your responsibility to make the appointment. Our office can provide you with names and numbers of the specialist. The referred specialist may not participate with your insurance. If they do not participate, you may contact your insurance company to find a specialist that does. After you see the specialist, they will send our office a report, this report is needed to continue treatment in our office. Please make sure you receive this report or that they send it to our correct address.

Patient's Name:	
Patient's Signature:	Date:
(or the Legal Guardian)	