



**PAYMENTS AND APPOINTMENTS POLICY**

**Patient Name** \_\_\_\_\_

Welcome to our office! Please take a moment to read our office policies. Understanding these policies will allow us to concentrate on your dental work.

Diagnosed items are placed in your treatment plan. Before starting dental treatment on diagnosed items, we will explain your treatment and associated cost. We ask that a legal guardian accompany all minor children to appointments in our office in order to authorize treatment. If a minor will be coming to appointments by themselves, we will ask that you sign the treatment plan to document our office explaining the treatment/costs.

If you have dental insurance, we will assist you in determining your estimated co-payment for each treatment. However, we do not provide a 100% guaranty of insurance payments. Each company is different, and the decision to pay is theirs. Please note that the contract of insurance is between you and your insurance company. We will do our best to provide you with accurate estimates. If for some reason insurance does not pay, it is important to understand you will ultimately be responsible for the final bill. You should contact your insurance company directly if you have questions regarding their estimations prior to treatment or payments for services rendered. If you have insurance, the estimated co-payment is due the day of treatment. For patients without insurance, full payment is due the day of treatment. Should you require denture(s), partial(s) or crown(s), full/half of your co-payment will be due at the first visit (which is the impression and when any associated lab work begins).

We accept Visa, MasterCard, Discover, personal checks, CareCredit, and cash payment. There is a \$30.00 service charge for any returned personal check.

There are times when we refer patients to specialist for various advanced procedures (Some implant placement, some root canals, some extractions, etc). Please note that their payment policies or participation with your insurance may not be the same as ours. If you have questions regarding payment for their services, we encourage you to ask them prior to treatment.

Please understand that your appointment is very important to us. We take extra steps to remind you so that you don't forget your appointment. When appointments are made, time is set aside for you. If you are unable to keep your scheduled time, please give 48 business hours' notice to avoid \$75 fee. More than three missed appointments could regrettably result in an inability to reschedule you in our office.

These office policies are designed to offer the best quality dental care to our patients. Please help us achieve our goal.

I have read and understand the above office policies.

\_\_\_\_\_  
**Signature of Patient, Parent or Guardian**

\_\_\_\_\_  
**Date**