

Office Policies

Thank you for reviewing the following office policies. We commit to putting forward our best efforts to provide you with the most up to date, skilled, and compassionate dental care possible. In return we respectfully ask you to agree to the following:

- In order to keep our doctors' schedules full, all appointments must be cancelled 24 hours prior to your scheduled appointment or a fee of \$30.00 will be charged to your account.
- If you are more than 15 minutes late, you may be asked to reschedule.
- It is your responsibility to inform us of any changes to your account, such as phone number, insurance, or address changes. If we do not have this information correct and are unable to receive payment as a result, you will be responsible for the balance.
- As a courtesy to you, we will file your insurance claim for you. If your insurance is inactive or does not cover the services provided, you will be responsible for payment. Any balance remaining after your insurance has paid will be due within 30 days. If payment is not received your account may be referred to a collections agency.
- It is your responsibility to confirm with your insurance if we are in or out of your network, and if the service you request is covered by your insurance.
- All co-pays, co-insurance and deductibles must be paid at the time of service.
- Any accounts with outstanding balances must be paid prior to any additional services being rendered.
- A \$31.82 charge will be charged for any returned checks, which will be processed electronically.

We look forward to having you as our patient.

I have read and understand the above office policies.

Print Name

Signature

Date