

### Payment Policy/No Show Acknowledgement

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy.

- A. Payment in full by cash, check, credit card (Visa, MasterCard, Discover, American Express and Care Credit are accepted) or, alternate financing for each appointment as service is rendered.
- B. Patients with insurance: we will accept payment directly from the insurance company only for
  - a. that percentage the company will cover. We do require that the deductible and non-covered
  - b. fees be paid at each visit. In the event of duplicate payment, you will be reimbursed promptly.
- C. Major services: crowns, bridges, veneers, bonding, partials and dentures. We require your portion due
  - a. at the first treatment appointment.
- D. 18.5% annual interest on accounts over 60 days. Credit approval is required.
- E. All home care products and prescription drugs are required to be paid in full at time of purchase.
- Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered.
- 1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you.
- 2. Our fees generally, but not necessarily, fall within the usual and customary fee structure, determined by your carrier.
- 3. Not all dental services are a covered benefit in all contracts.
- 4. You (not the insurance company) are responsible to us for all our fees for services rendered to you.
- 5. For patients who have insurance, an **ESTIMATE** will be given of the benefits that the insurance company is expected to pay.
- **Cancellation/ No Show Policy.** We understand that there are times when you must miss an appointment due to emergencies. However, when you do not call to cancel an appointment, it prevents another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” schedule. **Failure to arrive for an appointment or notify us you will not be attending your appointment will result in a \$25 charge.** This fee is not covered by insurance, and must be paid prior to your next appointment.

We will gladly discuss your proposed dental treatment and answer any questions you might have as to the involvement of your dental benefit program in receiving this care. We appreciate the opportunity to serve you.

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Patient or Responsible Party

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Date