

### Appointment Policy

We make every effort to see each patient at the appointed time reserved exclusively for him or her. Missed or broken appointments waste valuable manpower and raises fees for everyone. In an effort to reduce this expensive waste there will be a minimum charge of \$25 per half an hour for each broken appointment. A broken appointment is a cancellation without 24 hours notice or lateness that results in the ability to properly complete the treatment planned.

**Note:** If your appointment is scheduled for more than 2 hours long you will need to notify the office within 48hrs of the appointment if the scheduled treatment is not wanted or you want to address another area. This will allow us to adjust our schedule accordingly. If notice is not given you will be charged accordingly for the time not used. This does not apply if doctor changes the treatment. In addition, if there are numerous broken appointments and cancellations on the account, this may be ground for termination from the practice. We are unable to provide the quality of care needed when appointments are broken or cancelled.

### Sterilization Surcharges

In order to protect our patients and our staff we are completely up to date with sterilization procedures. All guidelines of the State Occupational Safety and Health Administration are followed. In order to maintain this level of health and safety we assess a \$6 sterilization surcharge for each patient visit. This fee is paid by the patient, not by the insurance company, and must be paid at the time of visit.

### Financial Policy

In our efforts to keep dental costs to a minimum while maintaining a high level of professional care, we have established the following payment policies:

#### \*Patients With Dental Insurance:

Patients must make sure that we accept their insurance plan. This office does not participate with every plan and may change participation during the year. In order to verify the insurance benefits we must have all current employer and insurance information before the patient's appointment. We will accept assignment of benefits and collect the estimated patient portion at the time of service.

Patients must understand that payment for dental treatment is their responsibility. We file the insurance claim as a courtesy to the patient and to help speed up payment of the claim. If we have not received the payment 90 days after it has been filed, the balance becomes the responsibility of the patient.

#### \*Patients With an HMO Type of Dental Insurance:

These plans are discounted fee schedules. You are responsible for the full patient payment at the time of service. There is no additional payment from the insurance company. Payments may be made by check, credit card, or cash.

#### \*Payment Plans

Patients undergoing treatments that require several visits must make an appropriate down payment with the balance due upon completion of treatment. Payment plans are available for extensive treatment. Arrangements must be made in advance with the business manager.

\*All Account Balances are due upon receipt of statement from our office. Anytime your account is referred to a third party for collection a recovery fee for expenses incurred will be added to your account balance. This charge is based on 50% of your outstanding balance. A fee of \$35 will be charged for any returned checks.

We hope that this information is helpful in answering some of the questions you might have regarding our office policies. Please feel free to discuss any questions you may have with the business manager.

I have read the above information and agree with the terms and conditions.

Patient/Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_