

FINANCIAL POLICY

FOR PATIENTS WITH DENTAL INSURANCE COVERAGE

As a courtesy to our patients we will gladly process your insurance claims. We participate in many insurance plans, but please inquire if we accept yours to avoid billing problems later. We ESTIMATE your deductible for the year and your portion due that is not covered by insurance. The total portion that is not covered by insurance is due the day treatment is completed. Parents must send co-pays due with minors at the time of their appointment. If your insurance plan denies coverage for services rendered, you are responsible for the remainder of the balance.

MISSED APPOINTMENTS/CANCELLATIONS

Twenty four (24) hours notice is required for cancellation of appointments. We reserve the right to charge a \$50 fee for broken appointments or ones that are not cancelled beforehand within a reasonable time frame.

ADMINISTRATIVE FEES (If applicable)

*Returned checks are subject to a \$30.00 fee.

* If collection and/or legal services are required to obtain payment, I further agree to pay for all legal fees and costs incurred.

I understand and agree that, regardless of my insurance (if applicable), I am ultimately responsible for the balance on my account for all charges and services rendered. I have read all the information on this sheet.