



Hello and welcome to our office;

One of the goals of our practice is to do everything to make your dental visit as pleasant as possible. If you happen to have a dental insurance plan do not hesitate to ask any questions about your plan or any aspect of the treatment we are advocating. In order for us to make your dental plan work successfully, we must emphasize several important factors:

- We will be happy to file your insurance as a courtesy to you. Be aware that insurance is a contract between you, your employer and the insurance company. We will gladly help you obtain your maximum insurance benefits; however, you will be responsible for your account balance regardless of what your insurance pays.
- We do accept most dental insurance plans, however, **we recommend you check with your insurance** company first to verify that we are a provider to your specific plan.
- It is important to remember that most plans do not pay 100% of every dental visit. We encourage our patients to educate themselves about the guidelines of your individual plan.
- In respect to keeping scheduled appointments, there will be a \$30.00 per hour charge for a broken appointment if 48 hours notice is not given. This charge must be paid prior to any future appointments.
- As the patient you would be authorizing reminder cards to be mailed and/or a telephone call to remind you of your appointment. I consent to call using my cell phone regarding treatment, insurance, and my account. I understand that I can withdraw my consent at any time. These reminders are provided as a courtesy. You are ultimately responsible for remembering your scheduled appointment.
- If you are late for your dental appointment by more than 15 minutes, we may have to reschedule your appointment.

Payment options are cash, check, or a credit card. If your account becomes past due over 60 days, there will be a finance charge of 18% added to your account . If your check is returned for non-sufficient funds, you expressly authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgement and acceptance of this policy

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Patient Signature

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Date