

OFFICE GUIDELINES

We realize that every person's financial situation is different. For this reason, we have worked very hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile.

Consent

I authorize the doctor to obtain x-rays, study models, photographs, or any other diagnostic aids deemed appropriate to make thorough diagnosis. I will be given the opportunity to discuss my treatment plan with the doctor and financial arrangements will be agreed upon before treatment is begun.

If care is being rendered on a minor child, I authorize the doctor to obtain x-rays and to treat my child as needed. I understand I will be given the opportunity to discuss the treatment with the doctor and that the parent or guardian who accompanies the child to the office is responsible for payment.

Financial Responsibility

1. Balances remaining beyond (30) days from first billing will accrue interest rate of 1% per month of the unpaid balance. (12% annual rate)
2. There is a \$30 charge for all returned checks.
3. Personal credit may be checked
4. In the event of default, I promise to pay legal interest on the indebtedness, collections cost, and related attorney's fees.
5. There is a \$50 per hour charge for broken/cancelled appointments not allowing a 24hr. notice.

Dental Insurance

We are happy to file forms necessary to see that you receive the full benefits of your coverage, however, we cannot guarantee any estimated coverage. Unless prior arrangements are made, you will be expected to pay the portions as services are provided. Please keep in mind that we can only estimate your portions. If there is a difference after your insurance company has paid, it is your responsibility to pay the difference. Because the insurance policy is the contract between you and the insurance company, we will not enter into a dispute with your insurance company over your claim. We will provide information to support the necessity for treatment, which may assist you in recovering your benefits. Any balances not paid by the insurance company within 60 days of submission become the patient's responsibility to pay at that time.

Payment Options

Cash or check.

Credit Card: for your convenience, we have made arrangements to accept payments by several major credit card as well as bank debit cards. Mastercard, Visa, American Express.

Financing available with approved credit.

My signature will authorize assignment of insurance benefits to this office. By signing this from, I confirm that have received a copy of the office Notice of Privacy Practices.

Signature

Date