

**FINANCIAL ARRANGEMENTS,  
DENTAL INSURANCE  
AND APPOINTMENT POLICIES**

**Financial Arrangements**

We ask that you be prepared to make full payment for dental services on the day they are rendered unless you have made prior arrangements with us in advance of your appointment. For your convenience we accept cash, Mastercard, Visa, American Express and Discover Card. We also offer a prepayment option for those interested. Please ask us about the details.

**Dental Insurance**

We will be happy to process your dental claim for you, however we must emphasize to you that our relationship as dental care providers is with you, the patient, not with your insurance company. While we do file the claim as a courtesy to you, **all charges are your responsibility from the date that they are provided.** We will also do our best to estimate as closely as possible the amount of your treatment plan that your company will cover. You must understand that this is only an estimate, not a guarantee of coverage. We encourage you to become familiar with your own policy as it is virtually impossible for us to know the details of the many different policies presented to us by our patients.

Returned checks will be subject to additional collection fees and balances over 60 days will be subject to monthly interest charges.

Before beginning your treatment, we will gladly discuss with you your proposed treatment plan and the associated fees. We are happy to answer any questions that you may have.

**Appointments**

Please give us 24 hours notice if you are unable to keep your appointment, otherwise you may be charged a \$25 fee for missed appointments. We also reserve the right to terminate our relationship with you as your dental health care provider due to continued missed/canceled appointments. We do not double-book your appointments, the time is set aside for you and we count on you keeping your appointments.

If you have any questions about our policies, or any uncertainty about your insurance coverage, please do not hesitate to ask us and we will do all that we can to assist you.

I have read and understand the above policies and am willing to abide by them.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_