

In order to serve you properly, we need the following information. All information is strictly confidential.

OUR POLICY OF CARE AND PAYMENT

ENSURING THAT OUR PATIENTS RECEIVE HIGH QUALITY CARE IS THE GOAL OF OUR PRACTICE.

1. Fees charged for services rendered by this practice are set by the doctor in consideration of the practice's requirement to provide the very best care available to our patients.
2. Payment for service rendered is expected in full at the time of service with Check, Cash, Visa, Mastercard, **or American Express**
3. You must pay your obligation for each visit, at each visit.
4. Delinquent accounts may be sent to a collection agency or an attorney. Please be advised that your account will be charged a 33.33% collection fee if it is forwarded to our collection agency.
5. If for any reason you should require a monthly payment plan we use a company called Care Credit that provides you this option. This process requires application and approval. This is a fast and easy way to make treatment affordable to your budget. Our Financial Manager can assist you with Care Credit prior to your visit.
6. Patient needs to bring all insurance information to the appointment.
7. If you have insurance, please take time to understand your benefits and what the insurance company will pay. We encourage you to call your insurance company regarding your benefits. Once your carrier has paid a claim, any difference that your insurance carrier fails to pay will be due upon reception of your statement.
8. In the event that you would like assistance, please let us know ahead of time so that we may have the opportunity to verify your dental benefits for the services we will be providing for you. If we file your insurance claim, we require that you pay your estimated portion when services are rendered. Please understand that this is only an estimate, and is based upon information we obtain from your insurance company.
9. If a minor child should come without the accompaniment of an adult, the responsible party should call prior to the appointment to receive an estimate for service rendered that needs to be paid at the time of service.
10. If you are a new patient, a deposit of \$100.00 will be required for all appointments 2 hours or more due to high patient demand and limited appointment times available. The deposit will be applied to your copay at the time of service. Failure to keep your appointment will result in the forfeit of your deposit. Once you are established, a deposit is no longer required.

APPOINTMENTS:

Please understand that time is valuable. If for some reason you need to reschedule your appointment we ask for 48 hours advance notice in order to be able to assist other patients.

Acknowledgement of receipt of Our Policy of Care and Payment

I have been given the opportunity to review this office's Notice of Privacy Practices and understand that I may have a copy for my records, if I wish.

Patient's Name (parent if a minor)

Patient's Email