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Financial and Cancellation Policies

Financial Policy:

Our fees are due at the time services are rendered. If you're a patient utilizing dental insurance, we will gladly file your insurance claim(s) for you. If your insurance company becomes uncooperative, or refuses to settle your claim in a timely manner (60 days following treatment and/ or following the submission of 1 appeal), it will become your responsibility to pay any outstanding balance. If such situation arises, the patient is responsible to settle any dispute as the insurance provider is not responsible to our office, but to you, the policy holder.

Cancellations:

Each appointment is made especially for you. We do consider our patients responsible for arriving to their scheduled appointments. We ask that you give us a minimum of 2 business days notice if you are unable to keep your appointment. When appointments are cancelled with less than 2 business days notice, or an appointment is broken, our office will assess a non-refundable fee of \$50.00 for exams and \$75 per hour for dental treatment scheduled.

I _____, acknowledge that I have reviewed the Financial and Cancellation Policies. I agree that I will abide by these provisions and am financially responsible for dental treatment provided at this office.

Signature: _____ Date: _____

(Patient or responsible party)