



OFFICE POLICY

- Patients imply consent for examination and treatment by visiting the office. Certain procedures require special consent. Refusal of treatment is your right; however, a written refusal signed by the patient or their guardian is required.
- Minors can only be treated in the presence of a parent or guardian, unless verbal or written permission is given by parent or guardian.
- Please give at least 24 hours notice if you are unable to keep your scheduled appointment. This appointment has been *reserved just for you*. Breaking your appointment without adequate notice prevents us from seeing other patients with dental needs. We reserve the right to charge \$25 per half hour for the second broken appointment and \$25 per half hour for any no show appointment.

PAYMENT AGREEMENT

- *Payment is due at time of service.* We understand that professional oral health care is a costly investment. However patients/guardians are ultimately responsible for their account balance. All insurance is filed as a courtesy to the patient, although we currently participate with Delta Dental only. You will be required to pay any estimated deductible and co-pay at time of service. It is the patient's responsibility to know your insurance coverage and maximum and benefits available to you, however, our office will be glad to assist you in understanding your benefits and coverage.
- There is a 1.5% re-billing charge for all accounts over 30 days, or a minimum of \$5.00. After 60 days, all unpaid account balances will be subject to a 9.99% finance charge, and accounts over 90 days will be turned over to collections. Should outside collection assistance be required, the responsible person will be liable for any collections fees incurred, including any court costs and/or attorney's fees.
- There is a \$35 charge for all returned checks.

Signature: _____ Date: _____

Relationship to Patient: _____