WAGNER
FAMILY DENTISTRY

PATIENT AGREEMENT

Thank you for choosing Wagner Family Dentistry. We take pride in providing all our patients with ETC...Excellence, Trust and Care. We will make every effort possible to provide you with a financially comfortable payment option.

PAYMENT: Payment is due at the time of service. We accept cash, check, American Express, Discover, MasterCard, Visa and third party financing through Care Credit.

All returned checks are subject to a $35.00 returned check fee. Accounts with balances over 90 days will be referred out for collection and the patient is responsible for any associated fees.

INSURANCE: All charges are your responsibility regardless of insurance coverage. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, we will submit claims on your behalf. ***Estimated*** deductibles, co-payments and non-covered amounts are due the day service is rendered. ***We cannot guarantee any estimated coverage.***

APPOINTMENTS:

All patients are seen by appointment only and are scheduled with your individual needs in mind. This allows us to focus our efforts on caring and treating our patients to the best of our abilities. **We do our best to be on time for your appointments and we ask that you extend us the same courtesy.** We require 24 hour notice for cancellations and reschedules. A fee of $25.00 per hour will be charged for failed or cancelled appointments with less than 24 hour notice.

All minors must be accompanied by an adult. The adult accompanying a minor, his/her parents or guardians, are responsible for full payment at time of service.

I have read the above and understand and agree to these terms. I hereby authorize the release of any dental information necessary to process insurance claims. I authorize the payment of benefits to be directly to Wagner Family Dentistry.

Patient _____ **Responsible party** _____
(print) **(print)**

Responsible Party _____ **Date** _____
(Signature)

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