

TERMS AND CONDITIONS



INSURANCE CONTRACTS: Insurance plans represent a contract between yourself and the insurance company. These contracts are not between the doctor and the insurance company. We will do our best to assist you in obtaining your benefits, but we cannot be responsible if your carrier does not pay. Our office will bill your insurance carrier as a courtesy to you.

Payment will be expected at the time of service for all non-contracted fees and estimated co-pays.

Financial arrangements are available upon request and must be discussed prior to the recommended treatment. This practice depends upon reimbursement from its patients for the costs incurred for their care. Financial responsibility for each patient must be determined before treatment.

All emergency dental services or any dental services performed without prior financial arrangements and or dental insurance information must be paid for in cash, check, or credit card at the time services are rendered.

Insurance is not a guarantee of payment, our office will utilize every effort to bill insurance on your behalf, and provide your insurance carrier with any supporting documentation needed on your behalf. The patient is responsible for any estimated insurance and patient portion. ***Our office will allot a 45 day grace period to coordinate payment from your insurance carrier. If your insurance has not paid the FULL BALANCE within 45 days of the date of service you will be required to settle the balance in full.*** A finance charge of 18% APR (1.5% a month) will be added to the total balance on all accounts over 60 days past due.

When deemed necessary your account may be turned over to collection agency for non-payment or delinquency. The patient will be responsible for payment of any and all collection costs including court costs, attorney fees, and the balance owed. All accounts turned over to a collection agency forfeit any past special fees or discounts (i.e. cash discount).

Our office reserves the right to dismiss you from the practice. All currently scheduled appointments will be cancelled, and you will be allowed 30 days in which you will be seen on an emergency basis with our office.

MISSED APPOINTMENTS: **Our office policy does require a minimum 2 business day notice for any changes in your scheduled appointments. We do reserve the right to charge a minimum \$80.00 Broken Appointment Fee. These fees may vary per the scheduled time slot that has been reserved for your appointment. Prime appointment times (E.g. 7:00am, 5:00pm) may result in a higher fee.**

The undersigned hereby agrees to pay any and all balances accrued on their account for dental services rendered after their insurance provider pays their determined amount, regardless if said charges are deemed over and above the predetermined rates.

I, the undersigned, grant permission to this office to telephone me at home or work to discuss matters related to this form. I have read and understand the above conditions of treatment and agree to their content.

PRINT NAME: _____

SIGNED: _____ DATE: _____