



Office Financial Policy

We are committed to provide you with the best possible treatment. Our fees reflect our professional commitment to excellence. If you have a dental insurance we are happy to help you to receive your maximum allowable benefits. In order to achieve this we need your assistance and understanding of our payment policy.

We will gladly help you with your insurance reimbursement by submitting all claims to your insurance company. However, it is important for you to realize that we have no control over what your insurance will pay for.

All services performed are to be paid in full at the time of treatment. If you have a dental insurance, which require your copayment for the service provided, this copayment is due in full on the day of service.

Your scheduled treatment is very important for your oral health. It is our desire to appoint you at a time most convenient for you. We do realize that sometimes changes occur in your personal schedule. We ask that you have the courtesy of advising us of such a changes 24 hours prior to your scheduled visit, **during our regular business hours (Mon – Sat)** (Example : if your appointment is scheduled on Monday and you need to cancel, we expect you to do it on Saturday to satisfy 24 hours policy.

Initials: _____ Appointments cancelled without 24 business hours notice will be subject to a fee of \$50 .

Patient name _____

Patient(guardian) signature _____ **Date** _____