

Office Policies

FEE AND PAYMENT POLICY

Payment is expected at time of service. Cash, MasterCard, Visa and personal checks are accepted. Accounts outstanding more than 60 days from treatment date will bear interest at 1.5% per month or 18 % per year. All accounts unpaid after 120 days will be sent to a collection agency and will be subjected to a \$9.95 collection recovery charge. We report to all major credit services.

DENTAL INSURANCE

If you have insurance, we will help you to determine the coverage you have available. We accept most insurance plans. Please keep in mind that your insurance plan may not cover what is deemed medically necessary. Insurance is intended to mitigate costs of dental treatment. We cannot control what is or is not covered, that is established by your employer. You, the patient is ultimately responsible for all costs.

APPOINTMENTS

Patients are seen by appointment only. We make every effort to be on time for our patients and ask that you extend the same courtesy to us. We reserve the right to charge **\$50.00** for appointments canceled or broken without 24 hours notice.

I, _____, have read the above office policies and accept the terms of this agreement.

Date _____