

## Office and Financial Policy

Our office is committed to providing you with the best possible care. If you have dental insurance, we will help you to receive your maximum allowable benefits. To do this, we need your assistance and your understanding of our policy. ***Please read the information below, initial at each numeral, and sign and date at the bottom.***

\_\_\_\_\_ 1. We are happy to file your insurance claim as a courtesy to you. In order to do this, we must have all patient information completed. We must emphasize that as dental care providers, our relationship is with you NOT your insurance company. While the filing of all insurance claims is a courtesy we extend to patients, all charges are your responsibility.

\_\_\_\_\_ 2. Payment of co-pay is due at the time services are provided unless prior arrangements are made. This includes appointments for minor children attending appointments without an accompany guardian. Cash, checks, Care Credit and all major credit cares are all suitable forms of payment.

\_\_\_\_\_ 3. If an appointment is cancelled or rescheduled with less than 24 hours' notice, a cancellation fee of \$25 will be assessed to the account. Special consideration will be made for extenuating circumstances.

If you have any questions about the above information or are uncertain regarding insurance information, please do not hesitate to ask us. We are here to help you.

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Patient or Guardian Signature

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Date