

Dear Patient,

Please initial each line to acknowledge that you have read and understand our office policies. These guidelines are in place to provide our patients with the highest level of care and service.

<input type="checkbox"/>	IF our office is not filing insurance for you, full payment is due at the time of service.
<input type="checkbox"/>	If we participate in your insurance, you are required to pay for all co-payments, deductibles and coinsurance at the time of your visit. In the event that there is a remaining balance due after the claim is processed, you will be billed for the balance.
<input type="checkbox"/>	It is your responsibility to know how your insurance policy works. We are not responsible for notifying you that charges or a procedure will be applied to your deductible or a percentage. Unfortunately all plans are different and we cannot know all of the details of every plan.
<input type="checkbox"/>	We will ask to see your insurance card at every visit. We do this so we can bill correctly. We need to review the card even if it has not changed. If you do not have your most updated card and the charges for your visit are denied by your insurance company, you will be responsible for the balance for the visit.
<input type="checkbox"/>	You will be mailed a bill for any balance on your account. This bill will be due immediately upon receipt. If the bill goes unpaid, your account will be forwarded to our national collection agency and credit bureau for further action. In addition, interest will be added to the outstanding amount that is owed to our office. Attorney fees, court costs, and collection fees incurred in an effort to enforce payment will be the responsibility of the patient/guarantor. No additional contact will be made by our office.
<input type="checkbox"/>	On treatment involving laboratory fees (crowns, bridges, dentures), you may choose to pay 50% on the preparation date and the balance on the delivery date.
<input type="checkbox"/>	We accept cash, check, Visa, and MasterCard. A \$35.00 charge will be assessed for all checks returned by your bank.
<input type="checkbox"/>	We ask for at least 48 hour notice for all cancelations. We understand that some emergencies are unavoidable. Our goal is to offer your appointment to someone who needs it, and we cannot do this if a cancellation is not done in a timely fashion. If you acquire more than 2 missed appointments, we may ask you to leave our practice.
<input type="checkbox"/>	As a courtesy, we try to confirm your upcoming appointments. Circumstances do not always allow us to reach you. Therefore, please do not count on a call from us to remind you of an appointment. If you have questions about a date or times please call or check your patient portal through our website.

Please initial each line to acknowledge that you have read and understand our office policies. Your signature below signifies your understanding and willingness to comply with these policies and procedures.

Patient/Guardian signature

Date