

## OFFICE POLICIES PAYMENT OPTIONS & ETIQUETTE

Dental treatment is an excellent investment in an individual's medical and psychological well being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that different people have different needs in fulfilling their financial obligations, we are providing the following payment options.

The nature of our practice is to give our patients the utmost in dental care and service in a professional environment. We make every attempt to see you at your reserved appointment time. However, since we are sometimes faced with emergencies we may run behind schedule. This happens only on occasion so please excuse any delays. We promised to give you the same careful attention and dedicated time.

As a courtesy to our patients we will bill all insurance companies, however, remember the contract is between you the subscriber and the insurance company. The patient is the ultimate responsible party.

Payment is always due at the time of treatment.

For our patients convenience we accept Cash, Check or all Major Credit Cards.

If financing is an option for you please ask us about Springstone Plan or Care Credit we will be glad to provide you with information. They offer many terms for payment to suit your needs ranging from 6 months interest free (the only no interest terms we work with) to 84 months payment programs accruing interest.

Please turn off all cell phones as a courtesy to others. If you need to make a call please step out of the office. Everyone will thank you.

In fairness to others and to enable us to efficiently plan the day's schedule, it is necessary that you give us a sufficient prior notification if you need to reschedule your dedicated appointment time. In light of this we have established the following protocol:

There will be a charge added to your account for any missed or cancelled appointments unless we have been given 48 hours. This charge will vary depending on the amount of time set aside for your appointment. The minimum charge would be \$50, and additional charges are based on the time reserved.

Thanks you for helping our office run as smoothly and efficiently as possible for all patients, and by arriving for your dedicated appointment on time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature affirms that you have read the above protocol.