

# Account Agreement

## Welcome to our 'family' of patients!

Thank you for choosing our office to meet your dental health care needs. It is our goal to provide you and your family with the highest quality dental care, while maintaining a friendly and relaxed environment. In order to keep our standard of care to a level which best serves your dental needs, we ask you to please observe the following guidelines:

## Payment Options

- If you have dental insurance we require you to pay your co-payment at the time of service.
- If you do not have dental insurance, then payment in full is expected at the time of service.

As a courtesy we will file your dental insurance for you and wait for the estimated insurance payment. It becomes the patients' responsibility to pay for treatments that are not covered by their insurance plan. Not all services may be covered by your insurance carrier and every insurance plan has its own unique guidelines and exceptions. ***Your insurance policy is a contract between you, your employer, and the insurance company. You have the ultimate responsibility to pay for services that your insurer will not cover. Furthermore, a service fee of 1 ½ % per month will be added to any balance of 30 days or greater.***

We hope the above information adequately explains your options.

In the space provided below, please indicate the method you plan to use to make your payments.

\_\_\_\_\_ Cash, Check, or Money Order

\_\_\_\_\_ Visa / Master Card / Discover

Extended Payment Option:

\_\_\_\_\_ Care Credit®

(a line of credit for your dental treatment,  
an application is available online or in our office)

## Cancellation Policy

When you make an appointment you are reserving time exclusively for your treatment with us. Keeping this in mind, we require a minimum of 48 hours notice if an appointment must be cancelled. If less than 48 hours notice has been given to cancel an appointment, a \$30.00 fee will be assessed. In the event that no notice is given and the patient does not show up for their scheduled appointment, then a \$50.00 fee will be assessed. Please note that this fee is not covered by dental insurance and payment is the patient's responsibility.

We welcome you to our practice and our team of dental professionals. We look forward to taking care of your dental care needs.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Name