

Practice Policy and Financial Agreement

In compliance with the TRUTH IN LENDING LAW, please read our practice policy and financial agreement.

--Please initial each on the line provided to acknowledge that you have read and understand the following information.

- ❖ Your payment is due today at the time that service is rendered, unless other arrangements have been made in advance. _____
- ❖ If you have dental insurance, we will gladly process your claims for you. We ask that you pay your expected portion and / or any deductibles at the time service is rendered with the understanding that you will be responsible for any portion of our fees that are not covered by your insurance company. _____
- ❖ We accept cash, check, Visa, MasterCard, American Express and Discover. _____
- ❖ If your check is returned, there will be a returned check fee of \$25.00 added to your account. _____
- ❖ Our practice is committed to providing the best treatment for our patients and our fees are based on what is usual customary for our area. Please understand that you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. _____
- ❖ Our office uses composite (tooth colored) fillings on most restorations. Some insurance companies do not cover or cover at a reduced rate, these composite fillings on molar teeth. If you are concerned your insurance may not cover the services being provided to you, please contact your insurance company prior to your appointment for a breakdown of their allowable benefits. _____
- ❖ It is not our policy to double-book our patients. The appointment which you schedule is set aside specifically for you. *Please provide us with at least 24 hours notice in the event you can not keep your appointment. If this courtesy is not allowed, a \$35 missed appointment fee may be applied to your account.*

Thank you for allowing us this opportunity to assist you in achieving good dental health. Should you have any questions regarding our practice or your dental treatment, please do not hesitate to ask.

I understand and agree to the above terms.

Signed: _____ Date: _____