

OFFICE POLICY

Payment policy:

- ___ Full payment on the day of service.
- ___ There will be a **\$110 per hour charge on missed appointments** unless notified 48 hours in advance. **Office policy is strictly enforced!**
- ___ There will be a 2% monthly interest on balances over 30 days.
- ___ For lab-made restorations, half the balance is due on the day of service, and the remaining half on the day of delivery.
- ___ The charges of a new patient exam, X-rays, and already fabricated lab restorations, whether they are seated or not, are never waived or refunded.
- ___ Any fees incurred for the recovery of overdue payments, including late payment charges and collection fees, will be borne by the patient.

Insurance policy:

Our office strives to provide patients with the most comprehensive, long-lasting and biologically feasible treatment options, considered to be in the best interest of the patient. We are not a preferred provider for any insurance, and many of our procedures may only be partially covered, or not at all, by most insurance plans. To continue providing the highest quality care for our patients, without being influenced by insurance requirements, we are a fee for service practice. The patient is responsible for their bill. The patient is also responsible for calling their insurance for benefits and/or claims status. Patient will be given a courtesy claim which patients will be able to submit to their insurance for direct reimbursement. There are no guarantees as to what fraction of the procedures they choose to reimburse you. In the event that we receive a payment from the insurance, we will either apply it towards future treatment, or refund the money to you.

Treatment policy:

- All dental treatment will only be initiated after a full exam and diagnosis is carried out.
- No dental treatment is commonly undertaken on the day of the initial examination unless there is a pressing emergency.
- A full evaluation, diagnosis and treatment cannot be made without current X-rays. "Current" implies within the past six months. Copies are acceptable if they are clear. In our office we use digital X-rays, which carry about ¼ of the radiation burden of regular X-rays. The fee for X-rays is not included in the examination fee.

I, the undersigned, have read and fully understood the terms and conditions outlined above.

Patient's full name: _____ *Date:* _____

Responsible party signature: _____