APPOINTMENT AGREEMENT

Welcome to our practice. We are honored that you have selected us for all of your dental needs. We are committed to providing quality services to our patients and believe that an important aspect of delivering exceptional dental care is our patients' commitment to our practice as well.

Therefore, we request that you honor your reserved appointment as scheduled. Should you have to change your appointment for any reason, we ask that you give us 24 business hour notice.

Because missed appointments increase the cost of healthcare for everyone, should you miss two appointments in which 24 hour notice is NOT given, a \$75.00 fee may apply. We appreciate your understanding in this matter.

WRITTEN FINANCIAL POLICY

We are committed to making the cost of your dental care easy and manageable by offering several payment options.

You can choose from: Cash , Check, Visa, Mastercard, Discover and Care Credit

We offer a 5% courtesy accounting adjustment to patients that pay for their treatment in full with cash or check (10% for seniors, 65 years and older)

For plans requiring multiple appointments, alternative payment arrangements may be provided.

All charges you incur are your responsibility regardless of insurance coverage. As your dental care provider, our relationship is with you, not your insurance company. We can only estimate what an insurance company says benefits will be. As a courtesy we will help you process your insurance claims. All co-pays and/or out of pocket expenses are due at the time services are rendered unless other arrangements have been made.

Returned check and/or balance over 90 day may be subject to finance charges of 1.5% per month (18% annually). All accounts that are turned over to a Collection Agency will also be subject to additional fees.

If you have any questions, please do not hesitate to ask. We are here to help.

Patient, Parent, or Guardian Signature	Date