

**Appointment and Scheduling Guidelines**

 Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments to accommodate the busy scheduling needs of all of our patients. In return, we ask that patients make every effort not to change reserved dental appointments. Broken and missed appointments create scheduling problems for other patients as well as the practice. If you find that you must change your appointment, we require a minimum of 1 business day notice so that we may accommodate another patient**.  *A charge of $35.00 will be applied for broken and missed appointments without 1 business day notice***. Thank you for your cooperation in this matter.

**Financial Agreement**

To patient, parent or guardian,

 If you have insurance…we will gladly process your claim, but we require you pay your estimated portion in full when services are rendered. If the insurance company has not responded within 60 days, you will be responsible to pay the balance. We offer several methods of payment including cash, check, Visa, Master Card and Care Credit. We reserve the right to refuse checks drawn on banks that do not verify funds, for example, Regions. ***What we collect on the day of service is only the estimated portion****. Often, once insurance pays, there is an additional balance in which we will bill you. For example, if the insurance salesperson states you get a “free” cleaning, it is only “free” if the insurance company pays all of what is charged. Everyone does not need the same kind of cleaning. The American Dental Association states that 3 out of 4 people have some form of periodontal disease and periodontal procedures are typically covered at 50-80% of the allowable charge.*

 I understand that I am financially and legally responsible for charges not covered by any third party. I further agree that should this account become delinquent and require collection efforts, I will pay in addition to the principle balance due, collection agency fees of 30 % in the event that my delinquent account is placed with a collection agency for action. In the event that I fail to pay the balance owing on my account within 60 days after said account is placed with a collection agency, I further agree to pay reasonable attorney’s fees of 33 % of all sums outstanding including collection agency fees set forth hereinabove. My account will bear interest at the maximum rate allowed by law from and after the date services were rendered. I will also pay all court costs incurred in the collection of this account.

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

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