



## **OFFICE POLICIES**

- We accept CASH, DEBIT CARDS, MONEY ORDERS, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS as payment to your account. WE DO NOT ACCEPT CHECKS.
- **You are responsible for all charges at each visit.** If you have insurance, we will file the claim as a **courtesy** on your behalf and let the insurance pay us. However, your co-payment is due at the time of treatment plus any portion insurance does not pay today or did not pay from a previous visit. Although we make every effort to **estimate** your payment and ensure we maximize your insurance benefits, **you are responsible to pay immediately any balance not paid by your insurance for any reason.**
- Please come prepared to pay at all appointments. All co-payments and deductibles are **due at check-in** before treatment is delivered. If the patient is not prepared to meet their financial obligations at the time of the visit, they must reschedule and a broken appointment fee may be charged.
- If you **or** your insurance company has not paid your account in full within 45 days, the balance will automatically accrue a 1.5% monthly finance charge and/or a per month billing charge (whichever is greater) until the balance is paid in full.
- If your account becomes 90 days overdue, the account will be sent to a collection agency and **all fees associated with collection** including court costs, interest and all attorney fees will be charged to the patient/account. Any check returned for Insufficient Funds will be charged a \$35 NSF Fee.
- A 24-Hour notice is required for all appointment cancellations or changes. **You must call back or text back to confirm your appointment by the day prior to the appointment or we may assume the patient is not coming and give the appointment away.** We make every effort to reach you by phone or text, so please do us the courtesy of confirming. A fifty-dollar (\$50.00) **per half-hour** fee may be charged to the account for all patients who fail to give a 24-hour notice. Two or more appointments missed or broken with less than a 24 hours notice may be grounds for dismissal from the practice. Please help us serve you better by keeping your scheduled appointments.
- By signing below you hereby authorize the Doctor to take X-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. You also authorize Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. You also understand the use of anesthetic agents embodies a certain risk. You understand that your dental insurance is a contract between you and the insurance carrier, and not between the insurance carrier and the Doctor and that you are still fully responsible for all dental fees. These fees are due and payable at the time services. We do not offer payment plans through our office; the patient may use a service, such as CareCredit. You also assign all insurance benefits to the Doctor. Any payments received by the Doctor from your insurance coverage will be credited to your account, or refunded to you if you have paid the dental fees incurred. You further understand that a late charge will be added to any overdue balances. You also understand that according to the Code of Florida our dental hygienist may treat patients for scaling and root planing, polishing, clinical exam, subgingival irrigation, topical fluoride, and charting of carious lesions without the dentist being present, but prescribed by the dentist. The hygienist will administer no anesthesia; only services prescribed by the dentist will be provided.

If you have any further questions about our Office Policies, please feel free to ask. By signing below you agree that you have read, understand and agree to comply with the above Office Policy.

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Signature

Print Name

Date