

## **Office Policy**

#### **Appointments**

- Please help us and the rest of our patients by keeping scheduled appointments.
- Cancellations must be received a minimum of 48 hours in advance via phone call. A cancellation fee may apply for any canceled appointment.
- For appointments scheduled for 90 minutes or longer, or appointments with a balance of \$750.00 or more, a reservation fee of \$100.00 must be paid up front which will be applied to the out-of-pocket expense for the appointment.
  - If adequate notice is not given for cancellation or the appointment is missed entirely, the reservation fee will be forfeited.

# **Payments**

# Our office requires payment in full at the time of treatment

\*If using dental insurance please see insurance policy

- Payment Options
  - 1. Cash/Check
  - 2. Credit/Debit cards. We accept Visa/MasterCard/Discover

In the event we need to send a bill, any unpaid balance after 90 days will result in your account being placed with a collections agency.

#### **Minor Patients**

The adult presenting a child/minor for treatment is responsible for full payment.

Thank you for trusting us with your dental health care. Please let us know if you have any questions or concerns. You are ultimately responsible for all fees for service.

Signature of Patient or Guardian	Date	
r understand and agree to the office policy.		
I understand and agree to the office policy.		