

Office Policy and Regulations

Please read this form carefully and sign below. By signing it, you agree to follow our office policy and regulations that have been developed to benefit both the practice and patients.

1. Patient responsibility that is assigned by your insurance policy is due at the time of treatment and/or service rendered.
2. Changes in insurance policy, whether it is changes in your group number or changes in insurance carrier, should be informed as soon as possible. If you let us know at the time of an appointment and we are not able to verify your coverage with the insurance, the service rendered will be your responsibility and we will assist you in receive reimbursement from your insurance.
3. Changes of your home address, phone number, and work number should be notified promptly.
4. Appointments missed, broken or cancelled within 48 hours will be subject to a cancellation charge of \$25. Please plan ahead and make sure to inform us at least 48 hours before if you cannot keep an appointment to avoid unnecessary charges in your account.
5. If your check payment is returned for insufficient funds from your bank, you will be charged \$25 additional. Unpaid balance aged more than 30 days will be subject to a 3% late charge additional to the balance.
6. An open account over 6 months with unpaid balance will be subject to collection action. Once the account is sent to our collection agency, we longer accept your child(ren) as active patient(s). You may request release of dental records when a full payment is made to the collection agency.
7. Please come right on time for your appointment. If you come more than 15 minutes late, we cannot guarantee that your child can see the doctor for the scheduled service.
8. If your account goes into collection you will be responsible for any and all charges incurred including but not limited to: prior balance, interest charges, late charges and collection fees. Future appointments will be at our discretion.

I agree to your Office Policy and will follow the regulations.

Date

Signature

Relation to Patient