

## Payment and Scheduling Guidelines

Dental treatment is an excellent investment in your medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that our patients may have different financial needs, we have put into place the following payment policy.

Routine maintenance must be paid in full at time of service. We expect payment in full at the time of service for all other treatment, unless a signed financial arrangement has been made prior to scheduling your appointment. We have different payment options available depending upon the length and amount of treatment. The financial coordinator will be happy to discuss the variety of options available.

To provide the excellent care our patients deserve, we must schedule treatment very carefully and precisely. Your treatment may require from 1 to 5 hours for each appointment. This time will be specifically reserved for you. Because we have many patients who need treatment, please take care to schedule your appointment appropriately as it is often difficult to reschedule appointments as timely as you or the doctor would prefer. We require 24 hours notice for cancellation or rescheduling of any appointment. **If you are 15 or more minutes late for your appointment we will need to reschedule your appointment. We will charge a fee \$150 for any broken appointments, when less than 24 hours notice is given to cancel or reschedule an appointment or you do not show for your appointment at all.**

Payment of treatment for you and your dependants is solely your responsibility, due at the time of service unless other arrangements have been made prior to treatment. In the event payment is not received by the agreed upon date and outside collection action is taken, additional collection or attorney fees/charges may be added to my account. Where appropriate, we may obtain credit bureau reports. We will add a fee of \$25.00 to your account for any checks returned by your bank or financial institution.

Whenever dealing with the human body, there may be unforeseen conditions arise. The treatment plan may need to be altered if changes occur during treatment (possible root exposures may require root canal therapy and a post/core). If changes are necessary, you will be informed. Dental disease cannot be cured, but it can be controlled. Our responsibility to you will be to deliver the highest quality dentistry possible and your responsibility will be to maintain it.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Treatment fees are guaranteed for a period of 90 days only.