



## The Center for Cosmetic and Sedation Dentistry

Our staff is committed to providing you with the very best possible care! With your assistance and understanding we can share a mutual respect that will lead to a long lasting relationship. In order to achieve this goal, we would like to make you aware of our office policies.

We make every effort to explain your treatment needs and costs to you up front so that we can avoid any misunderstandings. If you have any questions, please do not hesitate to ask. We are here to serve you.

1. Payment is due at the time services are rendered unless prior payment arrangements have been approved by our staff. We accept cash, check, MasterCard, Visa, American Express, Discover, Carecredit and Springstone Financial. There will be a 6% return fee for all financing, if the return is not requested within 30 days. Emergency visits for all new patients must be paid in full unless dental insurance can be verified.
2. Payment is due at pre-op appointment for all sedation appointments.
3. Our staff will estimate your co-pay for each visit and this amount will be due at the time of service. Estimates of insurance payments are guidelines only. We can make no guarantee of the insurance payment(s) estimated. Dental insurance is a contract between a patient/guardian and the insurance company and in no way absolves the patient/guardian of full responsibility for the incurred charges.
4. Formal collection action will be initiated for all balances over 60 days that do not have prior financial arrangements. You will be responsible for any collection charges that are incurred.
5. Balances older than 60 days will be subject to an interest charge of 1.5% per month until balance is paid in full.
6. I authorize and direct payment of the dental benefits directly to The Center for Cosmetic and Sedation Dentistry and consent to disclosure of my protected dental health information to carry out payment of benefits.
7. ANYONE MISSING OR CANCELLING AN APPOINTMENT WITH LESS THAN A 24 HOUR NOTICE WILL BE SUBJECT TO A CHARGE OF \$50 OR 10% OF THE SCHEDULED AMOUNT.
8. \*\*If broken appointments become a chronic problem, we reserve the right to dismiss you from the office.
9. \* Saturday appointments **must** have a 48 hour cancellation notice to avoid cancellation fees. All Hygiene appointments will be \$100 and a Restorative appointment will result in a \$250 if no showed or cancelled without the proper notice.

I have read, understood and accept the terms stated above. I have been given a copy of this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Signature \_\_\_\_\_  
Date \_\_\_\_\_