## **Office Policy**

Fees:	Payment for services is due at the time of office visit. Payment options include cash, che MasterCard, Visa, American Express, Discover, and Care Credit.	eck,
	As a courtesy to our patients, we file all claims to the insurance company. The patient is to pay all charges not covered by the insurance at the date of service.	expected
	If the insurance does not pay a claim, the patient will be responsible for charges and will You will have 30 days to take care of the claim or balance or an interest rate of 7%, per cycle, will be charged to your account.	
	Your dental insurance benefits were verified by our office according to information provou. The benefits quoted by your insurance company are just an estimate and are <b>NOT GUARANTEE OF COVERAGE</b> . You will be responsible for any amount not covered	A
	Please 1	Initial.
	Please be aware that some insurance companies downgrade the price of composite fillin amalgam price. Our office compensates for this by adjusting the percentages for restora	
Misse	when you are scheduled, we do not "double book" and the appointment time is reserved you. If an appointment can not be kept, kindly give 48 business hours notice so that and patient my have your appointment time. There will be a \$50.00 charge if we are not not your missed/cancelled appointment. If you are more than 15 min late to appt, we consider missed appointment and fee will be charged.	ther ified of
Returned Check Policy: Our returned check fee is \$30.00.		
I HAVE READ AND ACCEPT THE OFFICEPOLICY. I ALSO UNDERSTAND THAT I AM ULTIMATELY RESPONSIBLE FOR ALL CHARGES INCURRED FOR DENTISTRY PERFORMED UPON MYSELF IN THIS DENTAL PRACTICE.		
 Patient	t Signature	date