

Donn Hubbard DDS PC

GENERAL FINANCIAL POLICIES

APPOINTMENTS & CANCELATION

Please contact our office at least 24 hours prior to your appointment if you know that you will miss your scheduled time. Please understand that this time is blocked especially for your dental treatment – failure to provide us with advanced notice will prevent us from serving other patients.

If you miss an appointment without providing at least 24 hours notice, Donn Hubbard DDS PC will bill you \$30.00 for each hour missed.

If you are 15 minutes or more late, you will have to reschedule your appointment out of respect for other patients.

FINANCIAL ARRANGEMENTS

Our primary concern is the dental health of our patients. We are also very sensitive about our patient's financial circumstances; however, we must structure our financial policies around sound business practices.

Payment is expected at the time of service. Financial arrangements can be made with our office manager if you wish to file an insurance claim for the service performed, or when extensive dental care is needed.

Donn Hubbard DDS PC accepts cash, checks, PIN Debit, Discover, MasterCard, Visa and American Express.

Any charges that our practice incurs as a result of a returned or bounced check will be passed on to you at \$35 per incident. Checks written from a closed bank account will result in a \$100 charge per incident.

INSURANCE

Our office will prepare and submit all the necessary insurance forms as a convenience to you. However, please note that your insurance policy is an agreement between you and your insurance company, and not between Donn Hubbard DDS PC and your insurance company.

Please be aware that not all dental treatments are covered by your insurance policy – if you need assistance in determining coverage prior to dental treatment, see our office manager. We will do our best to see that you receive the maximum benefit, but cannot guarantee any coverage estimate.

Should your coverage be less than anticipated, you will be responsible for any remaining obligation.

PATIENT ACKNOWLEDGEMENT

I acknowledge that I have read and I understand, and I agree to honor Donn Hubbard DDS PC's Financial Policies. I also authorize payment of my insurance benefits, otherwise payable to me, to Donn Hubbard DDS PC.

Signature of Patient, Parent, Guardian or Personal Representative

Date

Please Print Name of Patient, Parent, Guardian or Personal Representative

Relationship to Patient

Thank You and Welcome to Donn Hubbard DDS PC!

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