



WESTSIDE DENTAL GR

## Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

**General:** Understand that regardless of any insurance status, you are responsible for the balance due on your account. **Payment in full is expected** at the time of service. If insurance benefits apply, **estimated patient co-payments & deductibles** are due and payment is expected at the time of service. We accept Cash, Check, Visa, Mastercard, Discover, or CareCredit.

**Missed Appointments & Cancellations:** We request a minimum of 48 hours to cancel or reschedule your appointment. Please review our appointment policy which will explain any fees or deposits that may be charged if the appointment policy is not followed.

**Insurance:** Please remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We are happy to submit the claims necessary to help you receive the full benefits of your coverage; however **we cannot guarantee any estimated coverage**. Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion

**Collections:** In the event the balance becomes more than 60 days overdue, billing may be turned over to an outside collection agency. The responsible party listed below agrees to pay interest, collection and any other legal expenses related to the collection of fees owed.

**Deposit Policy:** Payment in advance, a deposit, may be required for certain treatment in order to reserve chair time appointments. Due to the extensive amount of time our doctor and staff devote to preparing and reserving uninterrupted time for you, a deposit may be needed to make your reservation. Any deposit placed to hold your reserved time will go toward your treatment cost. However, if you miss your reserved appointment, or do not give at least 48 hour notice to move your appointment, you are then choosing to forfeit your deposit. The deposit amount may be different depending on the amount of the reserved appointment.

**I have read, understand and agree to the terms & conditions of this financial policy.**

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Patient Printed Name

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Signature and Date of patient or responsible party



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## Appointment Guidelines

We know that your time is valuable, so when you book an appointment, that time is reserved just for you. Our number one goal is optimal dental health for all of our patients. Providing services in a timely manner is critical to accomplish that goal. Another of our goals is to keep the cost of dental services as economical as possible, which in effect helps our patients attain their optimal dental health. As previously mentioned, the appointment you reserved is for you and your treatment only. When you fail to keep your appointment without providing us adequate notice, this adds to the overall cost of care and hurts our other patients who could have utilized that time.

In order for us to achieve our goals and help all of our patients, **we request a 48 hour notice to cancel or reschedule your appointment.** We do understand that emergencies happen so we give every patient a second chance. This means the first time you miss an appointment, or cancel short notice, we will “waive” the cancellation fee as a courtesy to you. However, if you should have to cancel or miss your appointment the second time, a fee may be assessed to your account. Our office’s no show/late cancellation policy is a \$50 fee for missed/cancelled hygiene or assistant appointments and a \$150 fee for a Doctor appointment. *(Note: In order to reserve your next appointment, all cancellation fees must be fully paid prior to scheduling another appointment).*

We ask that you please be considerate and respectful of not only our time, but of our other patients as well. Therefore, if there are three or more instances in when you do not give us proper notification, your next appointment must be prepaid to schedule any future appointments in addition to any late/no show fee charges. If you are to miss the third prepaid appointment or cancel without giving us a 48 hour minimum notice, you will be forfeiting the money you prepaid.

**I have read, understand and agree to the terms & conditions of this appointment policy.**

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Patient Printed Name

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Signature and Date of patient or responsible party