# Financial and Scheduling Policy

If the payment is covered covered by a dental insurance policy, we will accept payment of treatment directly from your insurance company. Most insurance policies do not cover 100% of the treatment fee. Most policies have deductibles and co-payments which are paid by the patient or parent at the time services are rendered. If the insurance has not paid in 90 days, the balance becomes your responsibility. We do not send monthly statements on a regular basis due to the volume of the practice. We will send one final statement after the insurance sends payment to our office.

Our mission is to deliver the finest, most cost effective dental treatment available today. For the convenience of our patients we offer several payment options: Cash, Check, Visa, Mastercard, Discover and Care Credit.

I hereby authorize Dr. Adams to furnish information to insurance carriers concerning my treatment and I do hereby assign to the dentist (s) all payments for dental services rendered to myself or my department. I agree to be responsible for payment of all services rendered on my behalf or my dependants. I understand that payment is due at the time of service unless other arrangements have been made.

Every effort is made to remind patients by telephone prior to the appointment but please do not depend on this courtesy because we may be unable to contact you. **The appointment, which you scheduled, implies your obligation to be present.** We schedule our dental appointments very carefully to assure sufficient time is allowed for every procedure. When we are not notified, a missed appointment means that another patient who could have been seen was not. This also adds to the overall cost of car, as trained personnel and dental facilities are not being used.

**We reserve the right to charge for appointments call celled or broken without 24 hours advanced notice.**

I have read and understand the office policies outlined for Payment and Scheduling. I agree to comply accordingly.


Signed: _____Date: _____