

OFFICE FINANCIAL POLICY

As a courtesy to you, we will process your insurance claims for you. In order for our office to file your insurance claims, you must bring proof of insurance or current policy information. Our office will estimate your insurance benefits for each visit. We can generally estimate your benefits with reasonable accuracy; however, you will be held fully responsible for any amount not paid by insurance regardless of the reason they refuse payment.

Please update our office staff regarding any changes to your dental insurance policy, so that we may process your claim in a timely manner.

Payment is due at the time service is provided. Fogle Family Dentistry accepts cash, personal checks, MasterCard, Visa, Discover card, and CareCredit.

When we reserve time for you, we require all of that time to provide you with the best quality work possible. When you are late it decreases our ability to accomplish this. If you arrive more than 10 minutes late, your appointment may be rescheduled in order to meet the needs of those who are on time for their pre-reserved visit. If this happens it will be considered a missed appointment.

When you make an appointment we reserve that time especially for you. We understand that unavoidable emergencies or circumstances do arise which may require you to cancel your appointment. **We reserve the right to charge a \$50 fee for any missed appointment not cancelled within 48 BUSINESS HOURS.**

Personal checks returned unpaid from our bank will be subject to a \$35 NSF service fee.

Outstanding balances older than 30 days are subject to finance charges at the monthly rate of 1%.

I have read the policies described in this form and have had an opportunity to have my questions answered. I understand that by signing this document, I agree to all the terms contained within it.

Print Name: _____

Signature _____ Date _____

We would be happy to provide you with a copy of this financial agreement for your records, upon request.