

Chart# _____

Office Policies

1. We will bill your insurance company as a courtesy for any charges that are rendered, but please keep in mind that what we quote you is only an estimate given by your insurance company. Any charges not paid by your insurance company will be your responsibility to pay. If you disagree with any charges or non-payment set by your insurance company, we ask that you dispute the charges with your insurance company because we are not a third party administrator.
2. We reserve the right to charge \$25 per hour for broken or cancelled appointments without 24 hour notice. Please keep in mind that we have an answering machine available 24 hours a day and as long as we receive a message in the morning to cancel or re-schedule your appointment for the same day there will not be a charge.
3. Payment & co-pays for major treatment (crowns, bridges, partials & dentures) are due on the day services are rendered before treatment is started.
4. Minor children under the age of 18 will not be treated without a parent present at all times.
5. The VIP referral credit of \$25 will only be applicable and applied to your account if the person you are referring brings in a referral card at the time of their first visit with your name on it.
6. There will be a \$25 fee for returned checks.

Print Name _____

Signature _____

Date _____