

# Comprehensive Family Dentistry

## **Financial Policy**

Thank you for choosing Comprehensive Family Dentistry for your dental needs. In an effort to provide quality care to our patients and to avoid any misunderstandings, we would like to inform you of our office policy regarding payment for services rendered. Payment is expected at the time treatment is performed. As a courtesy to our patients with dental benefits, we will submit your claim to your insurance company. Any portion not expected to be covered by these benefits is the responsibility of the patient and due at the time the service is rendered. This amount will include deductibles and co-payments. If actual benefits paid by insurance company are less than expected, you will be billed for the difference when monthly statements are done.

Dental benefits are contracts between the policyholder and the insurance company, not our office. We will make every effort to assist you with any benefit questions, however we suggest that you be aware of what benefits you have available. Ultimately, you are responsible for the balance.

## **Broken Appointment Policy**

We require 24 hours notice for cancellation or rescheduling of an appointment. If 24 hours is not given, a \$45.00 broken appointment fee may be charged.

## **Returned Checks**

There is a \$25.00 charge for returned checks. If a check is returned and not paid within 7 days of return date, legal action may be taken for collection. Any costs associated with collection of returned checks will be assumed by you.

## **Notice of Privacy Practices**

I have received a copy of this office's Notice of Privacy Practices.

By signing below, you understand and accept the terms of our Financial Policy, Broken Appointment Policy, and acknowledge receipt of our Notice of Privacy Practices Sheet.

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Signature of Responsible Party (Patient, Parent, or Legal Guardian)

Date: \_\_\_\_\_