

Office Policy Declaration Form



Insurance and payment for services: We are primarily a “fee-for-service” dental practice; however, we also accept patients who participate in a variety of dental insurance plans, as well as, patients who have no insurance at all. Regardless of a patient’s insurance status, the fees associated with any treatment will be due at the time of service. In any event and for whatever reason an insurance company declines to cover the cost of treatment, the patient is held responsible for the outstanding balance. Although we will make every reasonable effort to obtain insurance benefits, the ultimate responsibility falls upon the patient to resolve disputes with their insurance companies.

Reserved Appointments: Patients’ reserved appointment times are just that – reserved appointments! A phone call at least two days prior to the scheduled appointment time. Furthermore, we have an automated system that allows us to send out reminders via text message or email. If for some reason the patient is unable to make their appointment, we require at least **24 hour notice**. In the event that a patient fails to show up for their reserved time (**without 24 hour notice**), there is a **\$25.00 charge per appointment**.

Payments: Our office accepts VISA, MasterCard, Care Credit, Discover, cash, personal checks, cashier’s checks and money orders for payments. We ask patients to direct all of their financial questions to the financial coordinator and/or office administrator. For any and all accounts that are not paid within **90 days** they will be subject to a **\$20.00 Billing Charge**.

**I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE POLICIES OF
Chelsea Dexter DENTAL GROUP.**

Date: _____ Patient/Guardian’s Signature: _____