



## Payment and Appointment Policy

Please read and sign the following:

- 1) Full Payment is due at the time of service. Cash, Check, Visa, and MasterCard accepted.
- 2) As a courtesy, we will submit your bill only to Dental Insurances that our office accepts. **THE PATIENT IS RESPONSIBLE TO KNOW THEIR COVERAGE AND TO PAY IN FULL ANY REMAINING BALANCE.**
- 3) All balances not paid at time of service will automatically incur a penalty finance charge of 5% with a minimum fee of \$20.00.

Patient Initials \_\_\_\_\_

- 4) Any balance 40 days past due will be promptly sent to collections with the above finance charge and additional collection fees. Any attorney fees incurred will also be added to the account.

Patient Initials \_\_\_\_\_

- 5) Your scheduled appointment is your confirmation. There is a **minimum \$90.00 fee** for broken appointments or not rescheduled with at least 48 hour notice.

Patient Initials \_\_\_\_\_

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**Patient Name**

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**Patient Signature**

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**Date**

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**Staff  
Initials**