



Financial Agreement

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE.

If a procedure requires multiple appointments, payment is required in FULL on the initial appointment.

Payment Options:

1. **Cash**
2. **Visa**
3. **Mastercard**
4. **Discover**
5. **Carecredit**
6. **Health Savings Account**
7. **Lending USA for (Invisalign)**

Patient with insurance: The PATIENT is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of the service, OR the patient can sign a credit card authorization to bill their credit card AFTER insurance has paid for the visit.

Parents not accompanying their child to an appointment MUST make PRIOR arrangements for payment (cash, or credit card authorization).

Parents accompanying their children are financially responsible for payment.

Records can be viewed at anytime. There is a \$20 charge for release or copies of records.

Because instruments, chairs, and personnel are RESERVED EXCLUSIVELY for your appointment, there is a \$25 CHARGE FOR BROKEN APPOINTMENTS LESS THAN 24 HOURS IN ADVANCE.

I, _____, agree to these financial terms.

Signature _____ Date _____



**Buckeye Dental Care
Cancellation Policy/No Show Policy**

1. Cancellation/ No Show Policy for Appointment We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” appointment book. If an appointment is not cancelled at least 24 hours in advance you will be charged a twenty five dollar (\$25) fee; this will not be covered by your insurance company.

2. Scheduled Appointments We understand that delays can happen however we must try to keep the other patients and doctors on time. If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment.

3.Cancellation/ No Show Policy for Surgery Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office. If surgery is not cancelled at least 10 days in advance you will be charged a fifty dollar (\$50) fee; this will not be covered by your insurance company.

4. Account balances We will require that patients with self pay balances do pay their account balances to zero (0) prior to receiving further services by our practice. Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak to a business office representative with whom they can review their account and concerns. Patients with balances over \$100 must make payment arrangements prior to future appointments being made.

Print Name Patient

Signature Patient/Guardian

____/____/____
Date