Patient Agreement

Our mission is to provide you with the highest quality comprehensive dental care to improve your health and happiness. In order to do so, it is important for us to develop a partnership with you through patient education; so we want you to feel comfortable going over any questions or concerns you may have.

We value your time and ask that you value ours as well. Each appointment you are given is scheduled exclusively for you. When an appointment is missed or cancelled with less than 1 business days' notice, time is lost that could have been used to see another patient in need. If it becomes necessary to reschedule for any reason, we ask that you notify our office at least 24 hours in advance. We do charge a missed appointment and short notice cancellation fee of $90.00 per half hour of scheduled time. It is your responsibility to keep track of your scheduled appointments with us. Any reminder calls and appointment cards we provide are a courtesy.

In order to keep our fees as reasonable as possible, we require full payment at the time of service. This eliminates costly administrative services, billing charges and postage. We accept cash, check and Visa, MasterCard and Discover credit cards, we also accept CareCredit cards to provide you with a number of payment options. Returned checks will be charged a fee of $50.00 along with any additional fees associated with the transaction.

If you have dental insurance, we will be happy to bill them as a courtesy to you. In order to so, we will need you to provide us with the appropriate information prior to your appointments. Please bring your dental insurance card and photo ID with you. We will collect any estimated out-of-pocket portions from you at the time of service.

I have read the above information and agree to abide by the terms as set forth in this agreement. I understand that I am responsible for all services rendered on my behalf and my dependents. I have been informed that payment is due when services are rendered. I am aware that a 1.5% APR will be automatically charged to my account if my individual or family balance is overdue by 60 days or more. Should my account become delinquent, I will assume any additional collection costs and legal fees.

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Patient's Signature (or authorized guardian) Date