

# CANCELLATION/FINANCIAL/WARRANTY POLICY

## Please read carefully and sign

We are committed to providing you with the best possible care with courtesy and compassion. In order to achieve these goals, we need your assistance and your understanding of our cancellation and payment policy.

### **CANCELLATION OF AN APPOINTMENT**

If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will give another patient the opportunity to have access to timely dental care.

### **LATE CANCELLATIONS**

Late cancellations (failure to provide 24 hours notice) will be considered as a “no show”.

### **LATE ARRIVALS**

We make every effort to seat you at the time of your appointment. Late arrivals are very disruptive to the schedule. If you arrive for your scheduled appointment 10 minutes or more late, we reserve the right to ask you to reschedule your appointment. If it is determined that you can be seen, other scheduled patients will not be delayed in order to accommodate you. If we are unable to see you on the day of the scheduled appointment, you will be considered a “no show.”

### **NO SHOW POLICY**

A “no show” is someone who misses an appointment without canceling 24 hours in advance. No-shows are very disruptive to the schedule and do not allow access to care to other patients desiring appointments. A failure to present at the time of a scheduled appointment will be recorded in the patients’ chart and we reserve the right to assess a **\$50 “broken appointment” fee**. Patients with frequent no shows or cancellations may be dismissed from the practice.

### **PAYMENTS**

Co-payments and payment for service are due at the time services are rendered. We accept cash, check, debit card, credit card, and Care Credit (a financing program). A treatment plan for all dental work will be established prior to initiation of treatment. In certain instances, a deposit will be required prior to making an appointment.

### **INSURANCE**

It is our pleasure to assist you in maximizing your insurance benefits by completing your claim forms. As a courtesy, in addition to filing your claims, we will initially ask you only for your estimated co-payment. Patients must understand that our treatment plans are only an estimate and insurance companies are not always predictable and don’t always provide us with total information. The financial obligation for dental treatment is between you and our office. Your insurance is a contract between you, your employer and the insurance company. We are not a part of that contract. We will assist you in any way that we can by filing your claims and working to obtain your maximum available benefits. However, it is your obligation to familiarize yourself with your insurance coverage as benefits vary and not all services are covered in all contracts.

## **PAST DUE ACCOUNTS**

Past-due accounts cost both time and money; therefore, patients with delinquent accounts will be required to make full payment at the time of service. If a patient is unable to make mutually agreeable payment arrangements, we will be glad to reschedule his/her appointment. Account balances older than 30 days will be subjected to additional collection fees and interest charges of 1.5% per month.

**Seriously Past-due Accounts: Those older than 90 days or those failing to honor agreed-upon payment terms will be sent to a collection agency.** If an account is sent to a collection agency, all past due amounts or agreeable payment terms must be settled or met before subsequent appointments can be scheduled. Additionally, patients can be dismissed from our practice for financial matters and will have to seek their dental care elsewhere.

## **RETURNED CHECKS:**

Checks returned due to insufficient funds or closed accounts will be charged a \$25.00 non-sufficient fund fee. Any future checks will not be accepted thereafter.

## **WARRANTY FOR SERVICES PROVIDED**

We at Alliance Family Dental take pride in the quality of dentistry and service that we provide. We recognize that the long-term success of the treatment we render depends upon your compliance with regular professional cleanings, examinations, and continuing home care of your teeth and gums. We tailor our recommendations to your specific needs and condition. Your recall visits may vary from 3-6 months depending on the stability of your oral health. We guarantee most restorations for 3-5 years. However, failure to comply with recommended recall appointments, maintain your account in good standing, and complete necessary treatment for that tooth/teeth will nullify the warranty. In addition, damage to a restoration caused by traumatic injuries, chewing ice or non-food items, new decay or improper hygiene will also invalidate this warranty. For specific information regarding the terms of this warranty, please refer to our website ([www.alliancefamilydental.com](http://www.alliancefamilydental.com)) or ask a staff member.

If you have any questions about our financial policy or have any uncertainty regarding insurance coverage, please don't hesitate to ask. *We are here for you!*

I hereby authorize Patrice A. Barber, DDS & Associates, PA to submit claim and assign benefits on my behalf to \_\_\_\_\_ Insurance Company(ies). I have read and understood the above Cancellation and Payment Policy and agree to comply with its guidelines.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date