Dormont Dental Financial Agreement and Cancellation Policy

Thank you for choosing Dormont Dental as your dental care provider.

The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

General: Understand that regardless of any insurance status, you are responsible for the balance on your account. You are responsible for all professional services rendered by the dentist or staff of Dormont Dental.

Insurance: Please remember your insurance policy is a contract between <u>you and your insurance company</u>. We are not party to that contract. As a courtesy to you, our office provides certain services, including a pre-treatment estimate which we send to the insurance company at your request. It is physically impossible for us to have knowledge and keep track of every aspect of <u>your</u> insurance. It is up to you to contact your insurance company to inquire as to what benefits your employer (or yourself) purchased for you. If you have any questions concerning the pre-treatment ESTIMATE and/or fees for services, it is your responsibility to have these answered prior to treatment to reduce confusion on your behalf.

Please be aware that some or all services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether your insurance pays any portion.

Payment: Full payment is due at the time of service. If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS and DEDUCTIBLES are due at the time of service. Deductible and copays are based on <u>your</u> policy and not assigned by Dormont Dental.

Any returned check from the bank will incur a \$25 fee to the patient in addition to the original amount of the check.

No show and Same Day Cancellation Policy:

Our office requires 24-hour notice to cancel an appointment. As a courtesy, we confirm all appointments via phone in advance. Our charge for this policy is \$50.00. This charge is applied to all appointments for which a patient does not keep or has not given appropriate notice of cancellation. This is an out-of-pocket expense and not billable to insurance. Payment is due prior to a future appointment.

Patient Signature	Date