



FINANCIAL POLICY

Thank you for choosing Cottage Hill Dental Health Center. We are committed to offering our patients the best dental care possible.

Once you have made an appointment, that time is reserved for you exclusively. We attempt to confirm appointments in advance when possible. However, you are independently responsible for scheduled appointments. **48 HOURS NOTICE** for cancellation or rescheduling is required. We reserve the right to charge for missed appointments without 48 hours notice. ALL minors must be accompanied by a parent or legal guardian. For special arrangements, please contact our office ahead of time. Children MAY NOT be left unattended in the lobby. Please plan accordingly. Appointed patients ONLY are allowed in treatment areas.

As a courtesy, we are happy to file your insurance, with proper filing information. In cases where insurance is not filed on your behalf, payment is due on the date of service. Although we verify benefits, all insured patients are advised to familiarize themselves with their policy benefits, as benefit information we receive is limited. We also advise all insured patients to keep track of available benefits throughout the year, as all insurance is limited by an annual maximum.

Payment is due when services are rendered. This includes deductibles, ESTIMATED co-pays, and portions not covered by insurance. Non-covered services include procedures you may select for cosmetic reasons or are doctor recommended and considered necessary. Only services necessary and appropriate for your treatment and care will be performed.

Dr. Norstedt DOES NOT make financial arrangements. As your dentist, he will use appointment time for dental care and treatment.

Any balance not paid by your insurance after 60 days becomes due upon billing receipt. If your insurance company does not pay what you feel they should, you are still responsible for the entire bill. There is a \$25.00 fee on returned checks. We reserve the right to require "cash only" at any time. Delinquent accounts are subject to a 3% late fee monthly, collection costs including court costs, and attorney fees.

Fees are based on the nature of the treatment. Even with x-rays it may be necessary to perform additional treatment, and exclude or delay treatment. Treatment estimates are effective for a designated period, and subject to change. Crown, bridge, and denture/partial treatment requires a minimum of ½ down, with the balance due on or before delivery. As with any major change, it takes time to adapt to prosthetics. Therefore, three basic adjustments are included with your treatment. After 90 days there will be a charge based on the nature of the adjustment.

I agree not to include Cottage Hill Dental Health Center, PC or Dr. David Norstedt in any bankruptcy filing by myself or family member(s) I am responsible for. I agree not to post negative and false information or reviews on social media or the internet. I agree to resolve any problem (insurance, billing or otherwise) with practice management.

We look forward to serving you, and are happy to answer any questions you may have. Thank You! I have received a copy of the financial policy. I understand and agree to the terms therein. I hereby authorize the release of information to file a claim with my insurance carrier, and assign payment to Cottage Hill Dental Health Center. I permit an authorization copy to be used in place of the original.

Patient Name

Patient/Responsible Party Signature

Date