



Petoskey
Family
Dental
Care

Financial/Appointment Cancellation Policy

Financial Policy Details

- **Payment in full is expected at date of service** by cash, check or credit card.
- 2% book keeping courtesy for pre-payment **one week** in advance of scheduled treatment
 - Only applies to payment by cash or check for fees above \$1000
- If you are interested in financing options, please ask. However, if you need some special consideration regarding timing of payment, it is essential that arrangements are made **before** treatment is scheduled.

Dental Insurance

- **We work hard to help you utilize any dental insurance benefits! However, you are responsible to pay the full cost of treatment regardless of any expected insurance benefit.**
- We are happy to bill your insurance and we estimate your responsibility to the best of our ability, but insurance carriers may pay less than expected. When treatment is rendered, you are taking full responsibility to pay the fee even if the insurance does not pay what you expect.
- We will send you a statement for any remaining balance one month after the claim is filed. The balance is expected in full on the due date.
- If a balance is not paid in full before 60 days, a 1% finance charge (12% annually) will be applied and future treatment must be pre-paid before it can be scheduled.

Returned Checks/Default

If a check is returned to our office by your bank due to non-sufficient funds, there will be a \$30.00 NSF fee in addition to the amount of the check. In the event of default, you are responsible for legal interest on the indebtedness, together with such collections costs, court costs, and attorney fees as may be required to effect collection of your obligation.

Canceling an Appointment

- **We require that you give our office notice at least two business days before a scheduled appointment if you need to reschedule or cancel.** This allows other patients to be scheduled into that appointment.
- If you cancel, miss, or reschedule an appointment without contacting our office within the required time a fee of \$100.00 may be charged to you.
- Canceling or missing more than one appointment without proper notice (two business days), may limit future scheduling options.

- I have read and understand my responsibility to pay for services rendered, including interest and penalties.
- I have read and understand my responsibility to give notice of appointment changes two business days before my scheduled appointment.

Responsible Party: _____
printed name signature date