



Cascade Family & Implant Dentistry

6735 Cascade Rd SE, Ste 400
Grand Rapids MI 49546
(616) 956-0292

Reserved Appointments

Our office is committed to serving your dental needs. We confirm all appointments with email, texts and phone calls for your convenience. We kindly request, if the need arises to reschedule, that you notice our office a least **24 hours** in advance of your scheduled appointment time.

Without proper notice, we reserve the right to charge a \$35 failed appointment fee.

_____(initial)

Insurance & Financial Agreement

All co-pays (if applicable) are due at the time of service. Estimates are not a guarantee of benefits and are subject to conditions of your plan at the time the charges are incurred. If a service is billed and rejected by your insurance company, the bill will be forwarded to you for immediate payment. There will be a \$35 handling fee for any returned check in addition to any bank charges. For your convenience, we accept cash, personal checks, Visa, Mastercard, American Express, Discover & Care Credit.

_____(initial)

Payment Plan Options

In some instances, we offer payment plans (exceptions apply) in which a credit card is stored on file and a set monthly payment amount will be charged until the balance has been paid in full.

I have read, understand and agree to the above office policies and Financial Agreement.

Printed Name

Signature of Patient or Patient's Representative

Date