**Financial and Office Policy**

To Establish the best relationship with you and our practice we would like to communicate our financial and office policy to our patients.

Out of pocket expenses are due at the time of treatment. If your out of pocket expense cannot be paid in full a financial agreement will need to be in place before starting treatment. We accept cash, checks, debit cards, and most major credit cards. We also offer care credit, and in-house payment options are available. Treatment plans will be presented before treatment is started with an your estimated out of pocket expense.

RETURNED CHECKS will have a $25 service charge. You will be asked to bring in cash or a money order to cover the amount of the check plus the service charge.

I understand that my signature below authorizes insurance benefits to this office. Please do understand insurance is an agreement between you and your insurance carrier. We will do our best at obtaining all your expected benefits to give you the best information. However, your out of pocket is an ESTIMATE only. In the event of an over payment or underpayment we will refund credits promptly per patient request and will bill any difference left after insurance pays.

In effort to ensure our patients are seen in a timely manner, we ask to please be on time for your appointments. Late arrivals could cancel your reserved appointment time. Kindly give 24-hour notice to cancel any appointments. We do understand emergencies do happen, if 24 hours is not available let us know as soon as possible. We de reserve the right to charge patient accounts $50 broken appointment fee. This will only be done if it is a habitual issue, and may put patients on a short call list.

By signing below, you agree you have read and have no questions regarding financial and office policies, if you have any questions please feel free to ask. DiPrima dental is here to provide you with the best dental care you need.

We welcome you to our practice and our family.

Patient Name (please print)

Patient, Parent or Guardian Signature Date