

# RESTORATION DENTAL

BRIDGET MACKAY, DDS

6373 N. Jean Nicolet Road, Ste. 202  
Glendale, WI 53217

## Office and Financial Policy

Optimal oral health care is achieved through an understanding of patients dental health needs, and services required as well as the financial arrangements for those services.

**Payment for all services is the patients' responsibility.** As a courtesy we will bill your insurance and make every effort to collect from them. However, in many cases insurance carriers cover only part of the charges. It is ultimately your responsibility to be aware of your coverage and benefits.

**The patient's estimated portion of the bill is due at the time of service.** This includes any applicable deductible and co-insurance. We accept Cash, Check, MasterCard, Visa, American Express and Discover Cards. Extensive treatment plans require a deposit and may qualify for deferred interest treatment plans with Care Credit.

**Restoration Dental is not a T-19/Medicaid provider:** I understand that if I carry this type of insurance there are no benefits available to me when seeing an out of network provider. I accept responsibility for any charges and understand payment is due at time of service.

**Accounts:** We do not become involved in domestic matters and do not divide account balances between parties. Copies of payment records are readily available upon request when a signed authorization for release is completed and on file in our office.

**Account Charges:** Help us keep costs low. A service charge of 1% will be assessed to all billed accounts net 30 days from first statement date. Should you have any questions about your statement, please call the office, we will make every effort to answer and resolve problems. Restoration Dental assesses a \$35 fee for a returned check.

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## Cancellation and Missed Appointment Policy

Our office strives to be available to patients at times that are convenient for them. To accomplish this we need your assistance. We require adequate notice if appointments need to be rescheduled or canceled. If you need to reschedule or cancel an appointment, we require a 24 hour notice by phone, text or email. If needed, a message can be left on our voicemail. Appointments canceled/rescheduled with less than 24 hour notice or missed are subject to a \$35 fee.

Patient Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Parent/Guardian