

DR. TOM CURTIS D.M.D.

Office Policies

In an effort to maintain a high level of professional care for our patients, we have established the following office policies. Our primary responsibility is to help our patients establish and maintain excellent dental health. Therefore, we would like to explain our guidelines in order to avoid any future misunderstandings.

- We ask that all **co-payments & estimated patient financial portion be paid at the time of service**, unless other arrangements have been made prior to appointment. After your insurance has paid, you will be sent a final statement, if any amount is owed.
- We bill all insurance companies as a courtesy to our patients. We will do our best to provide you with the most up to date and accurate insurance information. We cannot take responsibility for insurance eligibility, benefits and/or unpaid claims.
- There will be a \$25.00 fee charged to your account for each returned check.

Financial Options

Dental treatment is an excellent investment in an individual's well being. Financial considerations should not be an obstacle to obtain health. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we are providing the following payment options:

- Cash or Check - 5% courtesy discount when paid in full at the time of service.
- Credit or Debit Card - Visa, Master Card, American Express or Discover.
- CareCredit - this is a line of credit, subject to credit approval.

After initial radiographs and examination, we will provide you with an *estimate* of fees to cover your treatment. All estimates are based upon conditions as viewed at the time of diagnosis; unforeseen circumstances could alter an estimated fee.

*All major services, such as crowns, bridges, removable prosthesis and fillings require a minimum payment of 50% by the first appointment. The remaining balance must be paid in full no later than the placement of the permanent restoration.

Cancellation Policy

We require a minimum of 24 hours notice if you are unable to keep your appointment. These short cancellations severely limit our ability to provide quality services efficiently because of losses incurred due to last minute cancellations. Please remember that your appointments that are scheduled are exclusively for you and your courtesy to the cancellation policy may allow for someone else to be seen in a timely manner. If you miss your appointment without adequate notice, a fee of **\$50.00 per hour** reserved for your appointment time may be charged to your account.

I, _____ have read and fully understand the policies of the office of Dr. Tom Curtis. I accept full financial responsibility for this account and for all dentistry performed upon myself and my dependents.

Patient or Guardian Signature: _____ Date: _____

Doctor or Witness Signature: _____ Date: _____