West Michigan Family Dental, PC

Attendance Policy:

Patients must provide at least 24 hour notice to cancel or change a scheduled appointment.

For you, a missed dental appointment causes a delay in treatment to improve your dental health.

For our office, a missed appointment prevents us from scheduling another patient that could benefit from treatment.

We schedule individual time with each patient to allow us to deliver the quality, personal care that every patient deserves.

Failure to provide at least 24-hour notice may result in a $75 missed appointment charge or dismissal from the practice.

Financial Policy:

Payment is due at the time services are rendered.

As a courtesy we will file an insurance claim for you. It is the patient's responsibility to know their insurance policy and provide the most recent and accurate information. We ask that you review your insurance information prior to scheduling appointments being proactive in your care and more knowledgeable of your plan.

We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible. Also we understand the financial limitations that influence your choice of care. We want to assure you of our flexible approach to financing.

Please understand and agree that all services rendered to you, your dependents, or others assigned by you on your account are charged directly to you, making you financially responsible for co-payments, co-insurance and deductibles for covered services, as well as those services that exceed benefit limits and/or denied payment by insurance. West Michigan Family Dental office estimates on insurance coverage are estimates only. I agree to pay for any balance not covered by insurance. A finance charge can be applied to all accounts over 90 days past due.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AND I ACCEPT THE RIGHTS AND RESPONSIBILITIES OUTLINED WITHIN THEM:

Printed name of person signing:

(and relationship if not patient please)

Signature of Patient, Parent, or Guardian: _____