EDGEVIEW DENTAL

Office and Financial Policy

Thank you for choosing our office as your dental health care provider. We are committed to providing the highest quality care to all of our patients.

Payment is due at the time that service is provided. We accept all major credit cards, cash, checks, money orders, and Care Credit. Returned checks will subject to an additional “Returned Check Fee” of $30.

As a courtesy to our patients with the benefit of dental insurance, we process all insurance claims electronically on your behalf. If your insurance company will reimburse our office directly, we ask that you pay your deductible and estimated copayment at the time services are provided. If your insurance company will only reimburse the subscriber directly, we ask that you pay in full at the time services are provided. Any insurance estimates provided by our office are strictly estimates only; all charges that are incurred are your responsibility regardless of your insurance coverage. If insurance payment is different than what was estimated, any remaining balance will be billed to you, and due upon receipt of that bill. If you are unable to pay a balance due on your account for any reason, we ask that you contact our office immediately so that appropriate arrangements can be made. If you have questions regarding an estimated balance due for proposed treatment, please contact the office at any time prior to scheduling your appointment, and we will be happy to assist you.

Any balance outstanding over 30 days, a $5 billing charge will be applied. If a balance extends to 60 days past due, a second billing charge is applied, and a 10 day collections notice is sent. At this time, if no payment is made and no arrangements have been put in place regarding the account, any scheduled appointments will be cancelled, and the account will be reviewed for further collections measures.

Last Minute Cancellation Policy: Our office requires 48 hours’ notice for all appointment cancellations. A last minute cancellation or failed appointment means that we are not able to offer that appointment to another patient that may be in need of treatment. Should you need to cancel your appointment without being able to give us 48 hours’ notice, or you fail to attend your scheduled appointment, a “Broken Appointment Fee” of $50 may be assigned to your account. A secure answering machine is available for any cancellation messages that may need to be left outside of regular office hours.

I, the undersigned, have read and understand the above outlined Office and Financial policies. I understand that failure to comply with any of the above may result in my dismissal from the practice.

SIGNATURE of Patient, Parent or Guardian _____ DATE _____

PATIENT NAME _____ RELATIONSHIP _____