

**FINANCIAL POLICIES  
AUTHORIZATION AND RELEASE FORM**

At **a.DENTISTRY** our goal is to provide the highest quality dental services to our patients at a reasonable cost.

**Patient Responsibility**

Payment is required at the time of service unless other arrangements have been made.

**Insured Patients**

Patients who have dental insurance are required to pay their co-pays at the time of service. Your insurance policy is a contract between you and your insurance carrier, and you are responsible for understanding your coverage, authorization requirements, deductible and co-pay policy. As a courtesy, we will bill your insurance company to ensure that claims are promptly and correctly processed. We will also make every effort to help you understand your insurance policy. **Ultimately, all services provided are the financial responsibility of the patient.**

**Uninsured Patients**

Uninsured patients are expected to pay for services in full at the time of service unless other arrangements have been made. Payment plans will not be extended to patients who have failed to make timely payments in the past.

An interest charge of 1% is accrued monthly if an account has not been paid within 60 days.

**Appointment Cancellation/No Show Policy**

If an appointment needs to be changed or cancelled, please give as much notice as possible. If advanced notice is not given and/or you are a "NO SHOW," a missed appointment fee of \$50.00 may be charged to your account.

To reserve a 2 hour or longer appointment, a \$100.00 deposit may be required. If advanced notice is not given and/or you are a "NO SHOW" a missed appointment fee of \$100.00 may be charged to your account.

**Returned Checks**

Checks returned for insufficient funds will be subject to a \$35.00 service fee.

**Payment Plans**

In office payment plans and Care Credit are available for more extensive treatment

*I have read and understand these policies.*

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Name of Patient or Legal Guardian (PRINT)

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Signature of Patient or Legal Guardian

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Patient name (if different)