

Cann Family Dentistry Financial Policy

Thank you for choosing us as your dental care provider. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial policy that we require you read and sign prior to any treatment.

Insurance

We will file an insurance claim for services with your insurance carrier on your behalf. Any deductibles of your insurance plan will be due at the time of service. _____ Initials

Office Testing and Procedures

Fees for office visits do not include any tests or procedures that are performed. Separate charges will be billed to your carrier. If the procedure is cosmetic and/or dentally necessary, you will be responsible for these charges at the time the service is rendered. You may ask for a estimate prior to any service being performed. _____ Initials

Balance on Accounts

All previous patient due balances are to be paid in full prior to additional services being rendered. _____ Initials

NSF

The service fee added to the account for check or credit card refusals will be double the amount of the check/credit card. _____ Initials

Rebilling Charge

Our practice sends monthly reminders to our patients regarding their balances. We expect that patients honor these requests in a timely manner. Should it become necessary to send more then 3 statements requesting payment, a \$10.00 service fee will be added to your total balance due. This amount will be added to your outstanding balance each month until your account is paid in full. For your convenience we offer Care Credit. Please see a staff member for details. _____ Initials

No Show and Appointment Cancellations

Appointments are considered a contract to reserve time with our dentists/hygienist. Our office requires at least 24 hours prior notice if cancellation if necessary. _____ Initials

Collections

Should it become necessary for us to utilize the service of an outside agency in order to collect the amounts which are due and owed by you, you will be held liable for any and all collection agency fees and/or attorney fees which will be approximately 32% over and above your actual outstanding balance. Furthermore, information that is helpful or necessary for collection purposed will be forwarded to our professional agency. _____ Initials

HIPAA

Cann Family Dentistry had made available to me a copy of "Notice of Privacy Practices." _____ Initials

Minor Patients

The adult accompanying a minor patient and the parents/legal guardians are responsible for payment in full for services. In addition, the parent/legal guardian authorizes treatment of the minor patient in their absence, in certain circumstances. _____ Initials

Thank you for reviewing our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy and understand and agree to adhere to this policy.

Signature of patient or responsibility party

Date

Print name of patient