

## Office Policy

ARSMILES FAMILY & COSMETIC DENTISTRY is committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and understanding of our office policies. The following is a statement of our policies, which we require you to read and sign prior to treatment. Please let us know if you have any questions.

## Cancellation Policy

Our primary goal is to assist you in attaining and maintaining optimal oral health. Appointments are made in advance by reserving the appropriate time slots to accommodate you, the patient, and your treatment to be performed. Our staff spends time meticulously preparing for each appointment by sterilizing, organizing, and arranging the set-up items before your arrival. This ensures that we achieve the high standard of dental care that we pride ourselves on. Therefore, we require 48-hours' notice before rescheduling and canceling appointments. Patients who do not give us prior notice may be assessed a fee to offset the estimated amount of time and effort our staff has already invested in your appointment. The fee will vary depending on the amount of time scheduled and will be no less than \$50.00.

Advance notice of cancellation consists of talking directly with a staff member during regular business hours. We reserve the right to dismiss a patient for missing or canceling appointments repeatedly.

## Late Arrivals

Any patient arriving more than 10 minutes late to any scheduled appointment will be considered to have missed their appointment. The above cancellation fee will then apply.

## Financial Policy

Payment of **estimated** insurance co-payments and deductibles are expected at the time of service. Payments may be made with cash, check, Visa, Master Card, Discover, American Express, and Care Credit. If you do not have insurance, payment is expected at the time of service. For treatment requiring multiple visits, payment must be made in full by the last visit.

As a courtesy to our patients, we file all necessary claims with your insurance company. Any portion not expected to be covered by these benefits is the patient's responsibility and is due at the time of service. This amount will include deductibles and estimated co-payments. If the benefit amounts are less than expected, you will be billed the difference, and payment is due within ten days of receiving a statement.

Dental benefits are contracts between the policyholder and the insurance company, not our office. We will make every effort to assist you with any benefit questions. Ultimately you are responsible for the balance on all dental services provided, as we cannot render services on the assumption that an insurance company will pay our charges.

Marital status is not a consideration under any circumstance. Decreed custody or lack thereof does not alter financial responsibility. The parent accompanying the child/minor on the day of service will be considered the responsible party. We will gladly provide you with copies of the statements, which you may provide to the other parent for reimbursement.

Arsmiles now offers you the option of receiving invoices by text. If you prefer to receive them by mail, we can continue to do so.

**Please let us know your preference:**

Text

Mail

There is a \$35.00 charge for all returned checks, and although we realize that a financial problem may arise from time to time, we would no longer be able to accept your personal checks.

Unless payment arrangements have been made, all balances will be considered overdue after 60 days of non-payment,. In the event that your account becomes delinquent, you will be responsible for a service charge of 2% added to any unpaid balance owed per month.

**Signature of Parent / Guardian \***

**Name \***

**Date \***

First Name

Last Name

Month   Day   Year