



# ADVANCED DENTISTRY

General, Cosmetic & Sleep Solutions

Dear Guest of Advanced Dentistry:

Welcome! We at Advanced Cosmetic Dentistry are constantly striving to make your experience here more pleasant than any place you have previously been. In order to fulfill this obligation, we begin by seeing our guest at their appointed times, if not sooner.

Since we are committed to your "experience," we ask that our guests be committed to helping us fulfill our obligation in two ways:

- 1.) That our guests arrive either on time or early for their reserved and allotted appointment time.
- 2.) That our guests give the office appropriate notification of schedule conflicts.

If you are unable to keep your reserved appointment time, please allow us to assist other guests by notifying the office at least 48 hours prior to your reserved appointment time. **Failure to notify our office 48 hours prior to your reserved appointment time will result in a "broken appointment" fee of \$50.00.**

## FINANCIAL AGREEMENT

We are very pleased that you have chosen us as your dental care provider. We are committed to your treatment being successful. We are excited to provide you with quality care in a pleasant atmosphere. Please understand that payment of your bill is considered a part of your treatment.

- Full payment is expected at the time of service.
- For treatment over \$2000 full payment is expected before a reservation can be made.
- We accept Cash, Checks, Visa, MasterCard, Discover and American Express.
- A \$25.00 charge will be assessed for returned checks.
- \$50 charge will be applied for cancelled or missed appointments with less than 48 hour notice.

## Regarding Insurance

To avoid a misunderstanding regarding dental insurance, you are contracted with your insurance company we are not. We want our guest to know that all professional services are charged directly to the guest and that the guest is personally responsible for payment of services. We will gladly assist you with preparing necessary forms to help you obtain your maximum benefits from your insurance company.

**Thank you for understanding our Financial Agreement. Please let us know if you have any questions or concerns.**

I have read, understand and agree, with the Financial Agreement.

X \_\_\_\_\_

Date \_\_\_\_\_

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