

Dear Guest of Advanced Dentistry:

Welcome! We at Advanced 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 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 \$75.00 per hour.**

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 (w/contracted Ins plans co-pay due)**
- **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.**
- **\$75/hour charge will be applied for cancelled or missed appointments with less than 48 hour notice.**

Regarding Insurances

The insurance contract that you are under is a contract between your insurance company and your employer or yourself. For insurance plans that we are **contracted with**, we do our best to give you an accurate estimate as to what your plan will pay, based on the information they give us. If they pay less than what our estimate is, you will be responsible for whatever is left unpaid, up to the **contracted fee amount**. For insurance plans we are **NOT contracted** with, all professional services are charged to the patient at the time of service. We will gladly assist with preparing necessary forms to help you obtain your maximum benefits from your insurance company and request payment be paid directly to the subscriber.

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 _____