

**IMPORTANT! PLEASE READ ALL OF THIS INFORMATION!**

We at Accord Dental want to take this opportunity to thank you for choosing our office for your dental care. Our practice continues to grow by referrals from our patients and your expression of confidence in referring your family and friends is greatly appreciated. We believe that you and your family can achieve an optimum state of dental health. This can only be accomplished through quality dental care and your personal commitment.

Your visit may consist of an oral exam and X-rays to determine the condition of your teeth and gums and a routine cleaning. If it appears that your teeth are in need of treatment we will explain the treatment and any associated fees.

**PLEASE READ AND ASK QUESTIONS YOU MAY HAVE.**

**Office policy \$\$\$:** The fees are payable on the date of the exam.

If total fee payment upon completion of treatment is impossible for you, please discuss other possible arrangements with the receptionist **before** beginning treatment. Payment may be made by cash, check, money order, Master Card, Visa, or Discover.

**Insurance:** We accept private indemnity, PPO, or, fee-for-service insurance plans. However, we **do not accept dental HMO** insurance plans. We send your claim to insurance and collect payment as best we can. **It is your responsibility to know your insurance plan. There may be exclusions, waiting periods and other information that may effect payment by your plan.** There are certain problems we can not fix as that is the responsibility of the patient. At that point, **we do not accept responsibility for filing your claim, collection from your company, or negotiating a disputed claim.** We urge you to ask the staff any questions you may have.

**Appointments: \$\$\$** Please notify us **24 hours in advance** if you must **cancel an appointment**. When a patient misses the **first appointment** we send a letter asking them to remember their appointments. When the **second appointment** is missed we send a **\$25.00 no show fee**. The **third time** we ask the patient to **find another dentist**. We will call to remind you of your appointment. If we do not hear from you we reserve the right to fill your appointment time with another patient and your appointment will rescheduled. We must do this is because we generally have about 50 people on the "as soon as possible" list and we need to use every minute of the day to it's maximum benefit. **We can not be responsible for making sure patient's keep scheduled appointments. Please put your appointments on your calendar. We do give you a reminder call as a courtesy but it is each patient's responsibility to be here at the appointment time.**

In return for your cooperation in these matters, we pledge to provide you with the very best dentistry we are capable of providing.

**I certify that I have read and understand the terms of the above information. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to the above financial policy and accept full responsibility for payment of all services rendered on my behalf or my dependents.** 1.5% interest fees will be charged on accounts with a balance remaining over 30 days. (18% APR) If collection procedures are necessary, the client will be liable for all collection fees, attorney fees, and court costs.

Signature \_\_\_\_\_ Date \_\_\_\_\_