

FINANCIAL/OFFICE POLICY

Thank you for choosing Bow Family Dentistry for your dental care. Our office works together as a dedicated team to offer our patients quality care. We have revised our financial/office policy to minimize expenses.

Financial Arrangements/Insurance

Payment is expected at time of service. We accept cash, check, Master Card, Visa or Discover. We will submit primary and secondary insurance claims for you. If the service is covered by insurance, only deductible and co-payment are due on the day service is provided. Since each patient's insurance policy is different, the co-payment is only an estimate of the amount due. Your insurance is a contract between you and your insurance company. Should there be a dispute related to the amount your insurance company pays for a service, the settlement of that dispute is between you and your insurance carrier. You are ultimately responsible for payment. Payment in full is due upon receipt of statement unless prior financial arrangements have been made with the financial officer. Overdue accounts of 60 days or more will bear interest of 18% per year.

*** Social security number is needed if payment is not paid in full at day of service.**

Appointments

Patients are seen by appointment only. Please call in advance so that we may reserve a time for you. We make every effort to be on time for our patients, and ask that you extend the same courtesy to us. Occasionally an emergency may occur and delay the doctor and hygienist. We do feel that your time is as valuable as ours. We ask that if you can't make your appointment with us, to please call at least 48 hours in advance. In cases of broken appointments in which adequate notice was not given, you will be charged for the allotted time. In cases of repeated broken appointments or short notice cancellations, you may be dismissed from our practice.

If at any time you have questions regarding any treatment, fee or service, please discuss them with us promptly and frankly. We will make every effort to avoid any misunderstandings. Thank you for your cooperation.

Date _____ **Responsible Party** _____
(Print Name)

*** SSN** _____ - _____ - _____

(Signature)