



BROADWAY HEIGHTS DENTAL

Consent for Services and Financial Policy

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment. All emergency dental services performed without previous financial arrangements, must be paid for at the time services are performed unless other arrangements are made. This office will help prepare the patients insurance forms or assist in making collections from insurance companies and will credit any collections to the patient's account. However, this dental office cannot render services under the assumption that our charges will be paid by the patient's insurance company. A service charge of 1.5% per month (18% annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied. I understand that any fee estimate for this dental care can only be extended for a period of six months from the date of the patient examination. In consideration for the professional services rendered to me by this practice, I agree to pay the charges for the services, at the time of treatment. I further agree that the charges for the services shall be as billed unless objected to, by me, in writing within the time payment is due. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instated hereunder. I grant my permission to you or your assignee, to telephone me to discuss this statement of my treatment.

By checking this box, I understand the above information and agree with its consents, and this will serve as my electronic signature for the financial policy.

Cancellation Policy

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for your scheduled appointments to be cancelled at least 24 hours in advance. Our doctors and hygienists want to be available for your needs and the needs of all of our patients. When a patient does not show up for a scheduled appointment, another patient loses the opportunity to be seen. Although we have always had a cancellation policy, circumstances have caused us to enforce a policy of charging for no-show appointments, and those appointments who have not cancelled within 24 hours. There will be a \$50.00 fee assessed if we do not receive a call to cancel an appointment. Thank you for being a valued patient and for your understanding and cooperation. This policy will enable us to open otherwise unused appointments to better serve the needs of all the patients.

By checking this box, I understand the above information and agree with its consents, and this will serve as my electronic signature for the financial policy.