



1028 E. U.S. HIGHWAY 36 Urbana, OH 43078

Phone: 937-652-4111

Fax: 937-652-0166

DENTAL PRACTICE POLICIES

*Payment is due at the time of service.

*Although we honor dental benefits, the payment for services is the personal responsibility of the patient, not the insurance company. We will *estimate* the portion we expect your insurance company will pay and we gladly submit your claim to your insurance company. We require that you pay your estimated co-payment at each visit when services are rendered. If the insurance does not pay as estimated, you are responsible for the remainder.

*If you carry dental benefits, it is your responsibility to update us with any changes due to employer changes or otherwise.

*You must arrange your payment plan with the front desk for procedures such as: crowns, bridges and dentures before the treatment can be started.

*We ask that our patients kindly give 24 hour notice when rescheduling an appointment. Failure to appear for a scheduled appointment will result in a \$25.00 "broken appointment" fee. After a third "broken appointment", we will be unable to schedule appointments in the future, you will need to call for appointment availability for each day.

*For families scheduling multiple family members for a "group" appointment, failure to appear will result in rescheduling the family at "individual" appointment times.

*We accept the following payment options:

- Check with photo ID
- Visa/Mastercard/Discover
- Care Credit

I understand the practice policies as stated above:

Signature _____ Date _____