

Creekside Center for Comprehensive Dentistry

Financial Policy

We are committed to providing excellent, professional dental care to all our patients in a warm, caring and safe environment. Clear and open communication is an essential cornerstone to our practice. Therefore, we wish to inform you of our financial guidelines.

Your policy is a contract between the insurance company and you. We are not a party to that contract. We gladly help obtain benefits and bill the insurance company and you. We can only **Estimate** your cost share based on the information given to us by your carrier. Per insurance companies' guidelines, this is in no way a guarantee of payment. Patients are responsible for the payments of their accounts. If the insurance company has not paid any claim within 45 days, the balance will be automatically transferred to you.

Our financial coordinator will be happy to assist you in arranging a payment schedule. Patients without insurance coverage are asked to pay for services as rendered. For your convenience we accept cash, checks, ATM debit, Visa, MC, Discover, American Express and Care Credit.

In the event of any automatic payments, account balances or credit on my account, I hereby authorize Creekside Center for Comprehensive Dentistry to process my card on file.

Cancellation/Missed Appointment Policy

In order to accommodate our patients in need of a dental appointment we ask that you please be courteous and call us promptly if you are unable to keep an appointment. Making it possible to offer the time to a patient in urgent need of dental treatment. If it is absolutely necessary to cancel your scheduled appointment, we ask that you call at least 2 working days prior to your appointment. As a courtesy we email and text reminders but a reminder is not guaranteed so we ask our patients to track their own appointments.

Should you miss your appointment without cancelling, there will be a One Time courtesy adjustment of the missed appointment fee. **The fee for a missed appointment is \$75.**

We send Statements by Email please print email below:

Responsible Party's
Signature _____

Date _____