Office Policies

Financial Arrangements

Due to the highly specialized treatment that dentists provide, most treatment plans are usually complex. As a result of the amount of time that we invest in your treatment, along with material and overhead costs, we have established a payment policy which is acceptable to most patients.

We request that you pay half of the estimated fee at the commencement of treatment and the balance upon completion of your crown and bridge, dentures or implants. At this time, the laboratory fee is verified and the final fee is determined. Any additional fees incurred during the course of treatment will be billed and due upon the date of service. A service charge of per month will be applied to any outstanding balances.

Appointment Policy

The complex nature of your dental treatment requires a series of appointments with explicit amounts of time periods between them to allow us to complete your treatment to the high standards that we constantly strive to achieve. Once your appointment schedule is determined it is then coordinated with the dental laboratory in order to achieve a smooth progression of your treatment. It is imperative that your appointments be maintained in order, otherwise your treatment may be delayed by several months. If you constantly change the dates of your appointments, this in turn affects the laboratory schedule of your treatment, and in this event we may not be able to complete your treatment by a specific date.

Should you need to change a scheduled appointment, we would appreciate the courtesy of being informed at least 48 hours in advance. If your appointment is for a half or full day, we require at least 4 working days notice. Due to the large amount of time involved in prosthetic treatment, other patients who may wish to take your appointment time require several days notice in order to accommodate their schedules.

Agreement

I understand the financial arrangements and agree with this payment schedule as a method of payment for my treatment. I understand that I am responsible for my dental cost regardless of any insurance coverage.

____

Date Print Name Signature Of Patient

MYDENTAL HUB

© 2009 My Dental Hub, a division of Hands On Training Institute Inc.

This material is for information and demonstration purposes only, and is not professional advice. Individual situations and results will vary. Professional advice is provided by your Dentist.