



## SpringRockDental

The following Financial Policy is required prior to any dental treatment. Please understand we do not want to see financial constraints and/or broken appointments interfere with dental care and the doctor/patient relationship. Please read our policies carefully.

Patient Name: \_\_\_\_\_

Name of Person Responsible for Account Balances (*If patient is a minor*): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Patient Date of Birth (*Or of the responsible party if patient is a minor*): \_\_\_\_\_

Patient SS# (*Or of the responsible party if patient is a minor*): \_\_\_\_\_

Employer Name & Work Phone #: \_\_\_\_\_

**Payment must be rendered before services will be performed on date of service.**

**IF YOU HAVE INSURANCE**, we will submit your insurance claim to your insurance carrier as a courtesy to you. The amount of coverage paid by your insurance company may be based on your insurance company's Usual and Customary Rates and/or Fee Schedule. You are responsible at the time of your appointment for any deductible or co-payment not covered by the insurance company, as well as any remaining balance that the insurance company fails to pay. If your insurance company does not remit payment within 60 days, the balance will be due from you and may be subject to service charges.

**BROKEN APPOINTMENT POLICY** : Appointments in our office are reserved exclusively for each patient and we are also customized according to individual needs. For this reason, if you are unable to keep your reserved appointment, please give us at least 48 hours' notice. If you have a Monday appointment and need to cancel or reschedule, you need to contact our office no later than Thursday the week before. **Leaving a voicemail is accepted as a form of notice.** We charge \$50.00 for all broken appointments, no shows, and rescheduled appointments if less than 48 hours' notice is not given.

If a second broken appointment occurs, we will NOT reschedule your appointment at that time, instead we will place you on a short -notice list and we will call you when we have an appointment time available. In addition, you will also be required to PRE-PAY for your next appointment in FULL, as well as broken appointment fees.

In the event you break an appointment for the 3<sup>rd</sup> time, we will NOT reschedule your appointment. We will provide 30 days emergency care, to allow you time to find another dental provider.

**MEDICAID PATIENTS**: If we do not receive the proper 48 hour notice from you, we will report it to the state as a "Broken Appointment". The state will keep track of the amount of times you are reported, and you will run the risk of losing your state coverage.

**ADDITIONAL COSTS** I understand and agree to pay for ALL cost involved with a collection agency, including Interest of 24% on all outstanding balances more than 60 days old, small claims court and/or an attorney's fees if my account is not paid in full.

**RETURNED CHECKS** There will be a \$25.00 returned check fee applied to your account if a check is returned. The account then must be paid by Cash, MasterCard, or Visa.

Patient Signature: \_\_\_\_\_  
(Parent or Guardian if patient is a minor)

Date: \_\_\_\_\_