

McKenzie Dental Center Policies:

We are committed to providing you with the best possible dental care. In order to provide these services we need your understanding and agreement of our in-house policies. Please carefully review this form.

As a *courtesy* to our patients, our front office staff will assist you in maximizing your benefits specified by your insurance company. Please be aware that covered and non-covered benefits vary by insurance company and we do the best we can to give you the most accurate information that we are able. As a patient, you are responsible for all non-covered services. We ask for your patience for it may take up to 30 days for insurance to process and/or respond to any correspondence we have sent them.

Credit Policies:

- All information presented on costs pertaining to treatment are *estimations* based on the most accurate information that we are able to provide for you. Ultimately, it is the patient's responsibility to know all their covered and non-covered services, as well as in and out of network providers.
- Payment is expected at time of service for any out-of-pocket expenses that your insurance is estimated not to cover. This may include an annual deductible that has to be met for each year and treatment not covered by your insurance company.
- Full payment is due upon the statement of an outstanding bill. If you are unable to pay your account in full, please contact our billing department to discuss your options.
- In order to make appointments available for patients in need, we request a 24 hour notice to cancel or re-schedule an appointment. The first missed appointment or late cancellation within a 12 month period will receive a warning. For the second occurrence in a 12 month period will result in a \$25 charge for every hour scheduled (minimum of \$25). Failed appointments and late cancellations greatly affect our office and our staff. We thank you for understanding.
- Please be aware that the parent/guardian of a minor is legally responsible for payment of all services rendered.

I have read and agree to all of the above policies of McKenzie Dental Center

Sign: _____ **Date:** _____

Name: (please print) _____