Dr. David Dillard DDS

FINANCIAL AND APPOINTMENT POLICY

We realize that every person's financial situation is different. For this reason we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile with respect to your budget.

DENTAL INSURANCE:

We are happy to file the forms necessary to see that you receive the full benefits of your coverage; however, we can make **no** guarantee of any **estimate** coverage. Please note that your dental policy is an agreement between you and your insurance company, and we ask that all patients be directly responsible for **all** charges. If you have any questions or discrepancies regarding your billing statement once you receive it, please contact us immediately.

PAYMENT OPTIONS: Cash, Check , Money Order, Visa, Mastercard , American Express, Discover.

Statements will be mailed to all accounts monthly and are due upon receipt.

Appointment expectations and Cancellation Policy:

We work very hard at treating our patients as unique individuals. We try to remain responsive to each person's needs. Unlike many dental practices where the dentist sees multiple patients at one time, we only see one patient at a time. When you book an appointment with us, you have our undivided attention for the length of that appointment.

Short notice cancellations or missed appointments increase our cost of providing dental care-cost that ultimately must be passed onto you, our patient. More importantly, missed appointments do not allow us the opportunity to offer the appointment time to other patients seeking our care. For these reasons, we ask that you read and agree to these expectations:

a. Please respect our time and that of other patients by giving us a **minimum of two business days notice** to cancel or change an appointment.
b. Patients with appointments which are missed or cancelled with less than 24hrs notice may incur a charge of 50.00 per appointment hour and 75.00 for a hour and half.

I agree that I have read this information and fully understand the financial and appointment policies for the office of Dr. David Dillard DDS. I understand that I am solely responsible for all charges, regardless of insurance coverage. I agree to pay any collections fees or expenses should it be necessary to refer this account to collections.

Patient Signature or Responsible Party_____________________________ **Date** ______________