

# Welcome to Rose City Dental

Thank you for choosing our office to meet your dental health care needs. It is our optimal goal to provide you and your family with the highest quality of dental care, while maintaining a friendly and relaxing environment. In order to keep our standard of care to a level that best serves your dental needs, we ask you to please observe the following guidelines.

A driver's license is required to be shown at your visit to verify that we are providing services to the appropriate persons and protect our patient's from identity theft.

For all services rendered to minor patients, we will hold the parent or guardian accompanying the minor on the first visit responsible for expenses incurred.

If you fail to notify us of any insurance change you will be fully responsible for any amount not paid by your insurance.

**Returned Checks:** There is a fee (currently \$35.00) for any checks returned by the bank.

## Payment Options

To provide you with the best possible care we require you to pay your co-payment at the time of service. Please understand that payment of your bill at the time of service is considered part of your treatment. \$5.00 co-pay will be added for all co-payments not paid at the time of service. And additional rebilling fees will be added each month should a balance not be paid.

As a courtesy, we will file your dental insurance for you and wait for the estimated payment. Your insurance policy is a contract between you and your insurance company in which the doctor is not involved. It becomes the patients' responsibility to cover procedures that are not covered by their insurance plan. Please note, not all services may be covered by your insurance carrier and every insurance plan has its own unique "quirks" and expectations.

A charge of 1.75% per month (21%APR) will be applied to all past due accounts. If we are forced to send the account to collections or court, a \$40.00 service fee will be charged. In the event of collection action, debtor agrees to pay all collection costs, including any reasonable attorney fees.

## Cancellation Policy

There are many times that our patients require urgent or emergency treatment and therefore require an appointment as soon as possible. When patients give the office advance notice of their need to cancel a scheduled appointment, this time can then in turn be allocated to these patents in urgent need of treatment. In this way the office can bester service the needs of ALL patients.

Bearing these special needs in mind the office requires a minimum of 48 hours' notice if an appointment must be cancelled. If less than 48 hours has been given to cancel an appointment, a \$50.00 fee for every ½ hour scheduled will be assessed. We want to assure that your commitment to your dental health is a high as ours. Please note that this fee is NOT covered by your dental insurance and payment is the patient's responsibility.

I have read and understand the financial policy of RCD Dental and agree to its terms. I understand that such terms may be amended by the practice at any time.

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

O: FRONT DEKS/FINANCIAL AGREEMENT/RCD