

Financial and Appointment Policy

Thank you for choosing Callahan Dentistry as your dental healthcare provider. Our primary mission is to deliver the best and most comprehensive dental care available. We are committed to providing excellent dental treatment to all of our patients. Our fees reflect our team's level of expertise and the quality of care we deliver. The following is a statement of our Financial and Appointment Policies, which we require that you read, agree to and sign prior to any treatment.

Payment:

- Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.
- Payment is due at the time services are rendered. For your convenience we accept cash, checks, and all major credit cards.
- We offer convenient monthly payment options from Care Credit. For more information visit www.carecredit.com or speak to anyone on our business team.
- There will be a \$36 fee for returned checks.
- After 90 days, all accounts that are not paid in full may be sent to a third party collection agency. ***Any accounts turned over to collections will be assessed a collection fee of 33%.***

Insurance:

- Our office is committed to helping our patients maximize their dental benefits. Dental insurance is becoming extremely complex. ***It is your responsibility to know and understand your coverage.*** Insurance is not a guarantee of payment and it often does not cover all of the costs involved in your treatment. We will submit insurance claims as courtesy to you, however, the contract exists between the patient/insured and the insurance company and our office is not a party in that contract. We try to help all of our patients receive the maximum benefits their plan will allow for any treatment needed. We will estimate your portion based on information obtained from your insurance company but this is not a guarantee of payment from your insurance company. ***Any balance remaining after insurance payment is your responsibility.***

Appointment Cancellation Policy:

- Due to the fact that we are reserving time on our schedule exclusively for you, we ask that you provide at least 48 hours in advance for any appointments that you need to change or reschedule. All appointment changes must be handled during our normal business hours. This courtesy on your part will make it possible to give your appointment to another patient who needs to see the dentist or hygienist.
- If an appointment is not rescheduled or cancelled 48 hours in advance, or if you fail to keep your appointment, you will be charged a \$75 fee. Any missed appointment that is reserved for 2 or more hours of time will incur a \$150 fee. This fee will not be covered by your insurance company and must be paid prior to any other appointment reservations being made.

I have read and understand the policies detailed above.

Patient Signature: _____ Date: _____

Printed Name: _____