Financial Policy (for all patients)

Thank you for choosing us as your dental care provider. The following describes our Financial Policy.

Our office is committed to providing you with the best possible care. Your understanding of our

financial policy is an essential element of your care and service. If you have any questions regarding any aspect of our policy, please feel free to present your question to any of our team members.

Payment for services is due at the time services are rendered. We accept cash, debit card, and for your convenience Visa, MasterCard, Discover and 3rd party financing through CareCredit. Please be advised that we do not accept check payments in the office.

Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payment in advance may be required for certain treatment in order to reserve chair time and fund dental laboratory fees.

Deposit Policy:

Uninterrupted time for appointments over 1 hour, we require a deposit of half of the treatment fee to:

make your reservation. _____initials

Appointment Policy (for all patients):

We will work hard to accommodate appointments that fit your schedule and dental needs. We ask that:

you let us know about changes **48** hours in advance. We do understand that life happens, but any missed appointment without the **48** hour call may be subject to a $35(non refundable) short/no notice fee

I have read and understand the Financial Policy and Appointment Policy for Mt. Pleasant Family Dental. I agree to abide by these policies.

Patient/Guardian Signature: _____

Printed Name: ____________________________________

Date: ____________________________________