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## Appointment Policy and Procedures

Our office reserves appointment times specifically for you... our patient. The appointment insures that the proper staff is prepared and available to serve your dental needs. For your convenience we provide a courtesy call to remind you of your scheduled appointment. If we do not speak with you, we require that you contact our office to confirm your appointment. After hours, you may leave a confirmation message on our answering machine.

If an appointment change is necessary, we require 24 hours minimum notice (*one full workday*) to avoid a "broken appointment" fee. In cases of emergency, please call as soon as possible so that we may offer your appointment to another patient.

Full payment, or your insurance co-payment, is expected at each appointment.

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## Financial Policy

I \_\_\_\_\_ understand that I am responsible to pay for my dental care at the time of service. I intend to use the following method of payment:

Print Full Name

- By cash, check, credit card, or alternate source (such as "Care Credit").
- By dental insurance, co-payment percentage and deductible.

I authorize my insurance to pay benefits directly to Summit View Family Dental:

\_\_\_\_\_ (*Signature*)  
(Signature of Responsible Party)

- By prearranged initial payment and balance agreement (*On approval of credit worthiness ONLY*).

I understand that should I seek credit, a credit report may be obtained by this office. I also understand that my dental insurance is a contract between my insurance company and me. Dr. Nordberg's staff will help by submitting my insurance claim electronically. All remaining balances are due when billed. Unless other arrangements have been made, subsequent billings will initiate additional interest charges and a monthly re-billing fee of \$5.00.

Furthermore, delinquent balances will be submitted to a national collection and credit-reporting agency pursuant of payment in-full. In such a case, all collection and legal costs become my responsibility.

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**I certify that I have read, understand, and agree to the terms of the appointment and financial policies stated above:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of Responsible Party)