

# Island Grove Dental

## Financial / Appointment Consent

We welcome you and your family to Island Grove Dental, the office of Dr. Leah K. Lovett. We look forward to providing you with exceptional dental care. To provide you with the most beneficial and comprehensive service and care, we do ask that you review and complete our office and financial policy consent forms. We will gladly discuss your proposed treatment, financial options and any other questions you may have. We strive to keep you informed and involved with all of your dental treatment in our office.

If you have dental insurance, we ask that the correct insurance information be provided PRIOR the time of your appointment. If there are any insurance information changes, it is the patient's responsibility to update Island Grove Dental at the earliest convenience.

We will also be happy to provide you with an **ESTIMATE** of your out-of-pocket expense for any proposed treatment. However, please understand that these are strictly estimates and are not a **guarantee that your insurance company will pay according to these estimates.**

**PLEASE KEEP IN MIND YOU ARE RESPONSIBLE FOR YOUR ACCOUNT AND TOTAL OBLIGATION SHOULD YOUR BENEFITS RESULT IN LESS COVERAGE THAN ANTICIPATED OR NO COVERAGE AT ALL FOR TREATMENT OR SERVICES. I AGREE TO ALLOW ISLAND GROVE DENTAL TO ACCEPT ASSIGNMENT OF INSURANCE ON MY BEHALF.**

## Payment / Co-pays / Deductibles

Payment for co-pays and/or deductibles is due at the time services are provided. We have several options for payment of services, which may be paid in the following manner:

1. Payment by cash, check, Visa, MasterCard or Discover, ApplePay, AndroidPay
2. Payment by CareCredit. CareCredit is bank financing for qualified applicants who prefer additional time to pay their balance. It is a revolving line of credit through an independent financial institution.

## Account Balances / Charges

Account balances older than 90 days will be subject to an additional billing charge of \$10.00. Any balance older than 60 days will be subject to interest charges of 1.5% per month until the account is paid in full. If a payment has not been received on the account during the 90 days, the account risks being sent to a collection agency and additional collection fees will be applied to any unpaid balance, up to forty percent. Any attorney or collections fees incurred due to delinquency in payment will also be charged to the patient. We do understand that temporary financial problems may affect timely payment of your account. If this is a concern, we do ask that you contact us promptly for assistance in the management of your account. Any personal check that is returned unpaid or with non-sufficient funds (NSF) will incur a **\$35 NSF check fee** to absorb bank charges to our office.

## Cancellations and Broken Appointments

In an effort to keep dental costs down while maintaining a high level of professional care, we respectfully request a **48 hour cancellation notice**. Your scheduled time has been reserved only for you. Due to hardship and staff overhead that occurs with broken appointments, **a cancellation fee will be charged if a 48 hour notice is not given. Cancellation fee can vary from \$40 -\$100 depending on treatment scheduled and length of time reserved.** We appreciate your help with keeping your scheduled appointments and we will make every effort to continue to have convenient hours and availability for you.

**IN THE EVENT YOU HAVE TWO BROKEN APPOINTMENTS, YOU WILL BE ASKED TO PAY A DEPOSIT TO MAKE ANY FURTHER RESERVATIONS FOR TREATMENT. YOUR DEPOSIT WILL BE APPLIED TOWARDS YOUR TREATMENT COPAY, HOWEVER, IF YOU FAIL TO SHOW FOR THE APPOINTMENT OR CANCEL IN UNDER 48 HOURS NOTICE YOUR DEPOSIT WILL BE FORFEITED AND APPLIED TO THE BROKEN APPOINTMENT FEE.**

**I understand and abide by the above paragraphs and have had the opportunity to have all of my questions answered by the staff of Island Grove Dental.**

Patient Name: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_