

FINANCIAL POLICY

GENERAL POLICY

Thank you for choosing Penniall Family Dental as your dental care provider. We are committed to delivering high quality dental services and value your business. To ensure that we can continue to provide the best care to all of our patients, we have a financial policy in place that outlines payment requirements. If you have any questions about our fees or financial policy, please don't hesitate to ask.

At our practice, we prioritize providing high quality care to our patients and strive to make your experience with us as positive as possible. We base our fees on the materials we use and the time, effort, and skill required to perform your necessary treatment. We make every effort to offer competitive pricing for our services and provide treatment plan **ESTIMATES** that are **valid for 6 months**. You are **FULLY RESPONSIBLE** for any charges for the treatment rendered and any differences between the original estimate and final bill.

Preferred payment methods include **cash, check and debit**. We also accept most major credit cards. Payment for services is due at the time of treatment unless alternate arrangements have been agreed upon in advance. If you are facing temporary financial difficulties that may impact your ability to make timely payments on your account, we have **financial options** available to help you. If you have any financial concerns, please don't hesitate to contact us. We are here to assist you and address any questions or issues you may have. Thank you for your understanding and cooperation.

REGARDING INSURANCE

We can assist you with understanding your insurance coverage and costs before your treatment. While we'll submit claims on your behalf, **we can't guarantee any coverage estimates**. It's important to remember that your insurance policy is a contract between you and the insurance company, and you'll be responsible for paying for any charges not covered by insurance. If there are any changes to your insurance policy, please let us know. Our practice is committed to providing high quality treatment and our fees are in line with what's typical in our area. However, each insurance company has its own standards for determining "usual and customary" rates, so you may need to pay the full cost of treatment even if your insurance company doesn't cover it. As a special offer for our patients without dental insurance, we are pleased to offer a courtesy of 5% on credit card payments and 10% on cash or check payments.

DEPOSIT SCHEDULING POLICY

Please arrive at our office **10 minutes before** your scheduled appointment to update your patient information. If you're running late, your appointment may need to be rescheduled or canceled. We'll call or text you in advance to confirm your appointment. If you don't respond to these confirmation attempts, your appointment may be canceled.

We ask that you give us at least **48 hours notice** (excluding Fridays and weekends) for any changes to your appointment. If you don't provide sufficient notice and are unable to keep your appointment, it will be considered a **broken appointment**. We may require a **deposit before scheduling** any future appointments for existing patients who have had one broken appointment. The deposit amount is **\$50** for appointments **under 1 hour** and **\$100 per hour** for appointments **over 1 hour**. Deposits are applied towards treatment costs but are non-refundable if the appointment is canceled or rescheduled **without at least 48 hours advance notice**.

For patients with complex dental needs, it may be necessary to reserve a large block of our schedule. In these cases, **a deposit may be required for appointments that last more than 1.5 hours**.

We have a policy in place to avoid double booking appointments and to provide our patients with the best possible care. This policy helps us respect the time of our patients and focus solely on their dental needs during their appointment. It also ensures that we have availability for other patients seeking care. If you have any questions about this policy, please don't hesitate to contact us. We understand that emergencies and schedule changes can happen and will work with you to ensure that you receive the best possible care. We appreciate your cooperation in respecting our time and we'll always respect yours.

I confirm that I have read, understand, and agree to the terms of the Financial Policy as indicated by my signature below. A photocopy of this consent will be considered as valid as the original.

Signature of Patient or Responsible Party _____ Date _____

Relationship to the patient _____ Name if not the patient _____