



## APPOINTMENT POLICY:

At Black Mountain Family Dentistry we believe completing your diagnosed treatment plan is essential to achieving optimum oral health.

In order to provide ease and convenience in keeping your appointments at Black Mountain Family Dentistry - please answer the following:

1. Preferred day for appointments? \_\_\_\_\_
2. Preferred time for appointments? \_\_\_\_\_

Trying to accommodate every patient's individual needs and work schedules can be difficult, but we always try to do our best. We work very hard to stay on schedule so that our valuable patients will not spend time in our reception area. A scheduled appointment is a commitment of time between you and our practice. We have reserved that time *just for you*. When appointments are missed or cancelled, that time is permanently lost.

We ask when you schedule an appointment that you make every effort to keep that commitment. Personal emergencies sometimes occur, and we always take that into consideration when receiving a last minute cancellation. If you find you cannot keep your reserved time, we ask you to provide a minimum of 48- hours notice to us so we may schedule another patient in need of treatment. For your convenience, our office administrative staff is available to serve you Monday through Wednesday 9 a.m. to 6 p.m., Thursday 9 a.m. to 2 p.m. and Friday 9 a.m. to 5 p.m.

If you have any questions regarding this policy please do not hesitate to contact us. We sincerely appreciate your cooperation with this matter.

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

## FINANCIAL POLICY:

In order to provide ease and convenience with the financial plan for your treatment at Black Mountain Family Dentistry - please answer the following:

1. Preferred payment plan for treatment: Pay as you go \_\_\_\_\_ Payment in full \_\_\_\_\_ Monthly payments \_\_\_\_\_
2. Preferred payment method for treatment: Cash Check MasterCard/Visa Discover American Express Citi Healthcard (oac) or Dental Fee Plan (oac)

At Black Mountain Family Dentistry we are committed to providing you with the highest quality dental care using only the best material and technology available in the market today. We are committed to providing you with up-to-date information and educational tools so that you may fully appreciate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer and the insurance company. Our office is not a party to that contract.

As a courtesy to you we will help in the processing of your insurance claims. You may direct your benefit payments to be made directly to our office. In order for our office to file your insurance claim, you must bring a completed dental insurance form or proof of insurance coverage to your initial appointment. Payment is due at the time service is provided. Small, monthly payments and interest-free payment options can be obtained through outside financing (on approved credit).

Balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually). Returned checks will be subject to a \$25.00 fee. If you have any questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience in dental care.

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