

Link Dental Care

Financial and Appointment Policies

Thank you for choosing us as your dental care provider! The following is a statement of our office policies, which we require you to read and sign prior to becoming a patient.

Regarding Payment

We accept the following forms of payment: Cash, Check, Visa, MasterCard, Discover and American Express. Payment for treatment is due at the time the services are rendered. Checks that are returned to our office from your financial institution are subject to a \$35 returned-check fee. There will also be a \$50 fee for any broken appointments without a prior 24-hour notice.

Regarding Insurance

If you have dental insurance, we ask that you realize we do not work for an insurance company. Rather, we work 100% for our patients. We feel insurance can be a great benefit for many patients and want you to know we will do everything in our capacity to ensure you get every benefit allotted in your insurance contract. The treatment we recommend and the fees we charge will always be based on your individual needs, not your insurance coverage. At the end of the day, our standard of care, honesty and integrity will be what defines our practice.

Your complete insurance information must be presented before services are rendered. Insurance claims cannot be backdated and most benefits must be verified before your insurance company can be billed. All insurance co-pays and deductibles must be paid at the time of service.

Regarding Your Appointments

We value the time of our patients, and we hope you can do the same for our office. Broken appointments are considered cancelled/no-show appointments without a prior 24-hour notice. After three such broken appointments, we shall reserve the right to dismiss you as a patient from our practice.

I have read and understand the Financial and Appointment Policies.

Print: _____

Signature of Patient/Responsible Party: _____ Date: _____