

Appointment and Financial Policies

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Missed Appointments

Scheduled appointments are times reserved exclusively for you to be seen in our office. Changes with less than 48 hours notice (including office business days only) give insufficient time to offer the reserved time to other patients. Please be considerate of other patients who are waiting for an appointment to see us, and give us a minimum of 48 hours notice if you are unable to keep your appointment for any reason. It is our policy to charge a fee for any cancelled or broken appointment that occurs, without at least 48 office hours notice. Fees are as follows:

- Hygiene appointments per person \$50.00
- Doctor's appointments less than 1-hour \$50.00
- Doctor's appointments 1-hour or more \$100.00

Broken appointment fees must be paid prior to scheduling any further appointments. Repeated broken appointments may require you to make a non-refundable appointment retainer in order to reserve time in our schedule. Repeated broken appointments may also prevent you from being seen under our care.

Payment of Services

To keep office fees as low as possible we ask all patients to pay for their dental treatment as it is completed. Some circumstances require prepayment. We accept cash, check, and most credit cards. We participate with CareCredit® to offer you third party financing; you may qualify for one year of interest free payments. If you are unable to pay for your treatment in full on the day of service, please discuss this with us before any treatment is started. Large balances on your account may prevent us from continuing with further treatment. Unpaid balances beyond 30 days may incur service fees. In the event we must hire an attorney and/or collection agency to collect any debts, you will be responsible for the payment of all costs and expenses including court costs and attorney's fees.

Insurance

Any estimates provided to you regarding what your insurance may cover on your dental treatment are based only upon the insurance percentage your company told us they cover. Your insurance may have certain limitations that we are not aware of. You may request an insurance predetermination to discover what benefits you might receive from your insurer. Please remember that you are responsible for any portion of your treatment not covered by insurance. We ask that you pay your estimated portion at the time of treatment.

We look forward to working with you to achieve excellent dental health. If you would like a copy of this agreement, please ask. Thank you.

Signature: _____ Date: _____