



 | JOHN PATTERSON, D.M.D.

## OFFICE FINANCIAL POLICY

Thank you for choosing our office for your dental care. If you have any questions after reviewing our financial policy please do not hesitate to ask our office business staff.

### **Dental Insurance**

As a courtesy we will gladly file your claims and accept assignment of benefits from your dental insurance. Please remember that your insurance policy is a contract between you, your employer, and the insurance company. We are not part of that contract. Our relationship is with you the patient. We may estimate your insurance benefits but we are not responsible for their accuracy. Fees for deductibles, co-payments, and non-covered services are due at the time the services are rendered. If after 45 days there is no payment from your insurance company, the balance on your account becomes your responsibility in full.

### **Cancelled/Missed Appointments**

Dr. Patterson provides treatment to one patient at a time. Cancelled appointments require 48 hours notice. If you need to reschedule an appointment you must notify us 48 hours in advance to avoid the missed appointment fee of 75.00 per hour. We reserve the right to terminate professional treatment of any patient when scheduled appointments are not kept.

### **I have read the above conditions and agree to the consent.**

\_\_\_\_\_  
Patient / Legal Guardian Signature

\_\_\_\_\_  
Date

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