



Practice Policy

Welcome to Hope Dental Group! Please read and sign at the bottom.

We appreciate the opportunity to assist with your dental needs and concerns. Our goal is to provide you with the best dental care available in an efficient and professional manner. Together we can accomplish this goal. Like any business, we have policies that we must adhere to so we can operate in a manner that will benefit our relationship.

We must have 48-hour notice should you be unable to keep your appointment. We will make every effort to confirm your appointment with you; however, it is your responsibility to keep your appointment time. Failure to give us 48-hour notice will result in a \$40 broken appointment fee billed to your account. We have reserved this time for you and must know if you are unable to keep it.

All co-pays are due at the time treatment is performed. As a courtesy to you, we will be happy to file your insurance for any remaining portion. Please understand that treatment is not contingent or depending on payment by your insurance company. After your insurance is filed, ANY REMAINING BALANCE NOT PAID by your insurance company is your responsibility and due 30 days after the insurance payment. (*Most insurance policies downgrade procedures performed on posterior teeth, you would be responsible for the difference.*) Fees quoted are an estimate based on information from your insurance carrier, not a guarantee of payment by your insurance carrier. Insurance claims not paid within 60 days become the sole responsibility of the patient. A 1.5% finance charge will be added to accounts with balances aging 30 days. Accounts aging 90 days will be referred to an independent collecting agency and you are responsible for all finance charges, attorney's fees, and court costs relating to collecting the account balance due.

We try very hard to adhere to our schedule. If you are more than 15 minutes late, we may have to reschedule your appointment. Sometimes an emergency will occur that cause us run behind schedule, please be patient with us as it could be you with that emergency. We do respect your time and will make every effort to stay on schedule.

All minors must be accompanied during their entire visit by their parent or legal guardian. We thank you for choosing our dental office and look forward to a long relationship with you and your family.

I understand and agree to the above dental practice policy.

Signature

Month

Day

Year