Draper Family & Cosmetic Dentistry Patient Appointment Agreement

Welcome and thank you for choosing Draper Family & Cosmetic Dentistry for your oral healthcare needs. We are committed to providing you with the best possible service and appreciate the trust you have placed in our team of professionals.

It is important for you to understand and agree to the following information to avoid any misunderstanding about our appointment policies.

After two failed/broken appointments, you may no longer be allowed to reserve appointments. Each failed/broken appointment may result in a \$50 charge. A failed or broken appointment is defined as:

- Not showing up for your reserved appointment time.
- Arriving more than 10 minutes late for your reserved appointment time without prior notice.
- Calling to cancel your reserved appointment time with less than 24 hours notice.

Appointment Reminders

<u>Appointment Confirmation</u>: It is critical for us to be able to confirm your appointment before the scheduled date since many appointments are reserved weeks in advance. We will try to contact you two working days in advance of your scheduled appointment using phone call, text, and/or email communication documented in our system.

Appointments that are not confirmed by noon the working day before the reserved time may be canceled and another patient may be offered that appointment opportunity.

<u>Check-in</u>: Please arrive 15 or more minutes before your reserved appointment time and check-in with the receptionist at your arrival time. You will be asked to pay your portion for services scheduled. Be prepared to provide a driver's license or photo ID or have your photo taken. Bring a copy of your medication list and any pertinent medical doctor releases. (For example, heart, implant, replacement or pregnancy.)

<u>Check-out</u>: Please check-out at the reception desk to schedule your next appointment.

I have read and understand the **Patient Appointment Agreement** and agree with its terms.

<u>Insurance</u>: If you have dental insurance, please give us any written plan information you have been given by your employer at least 72 hours in advance so that we may help you maximize your insurance benefits and avoid out of pocket expense to yourself.

<u>Financial</u>: All accounts must be current. Patients who have account balances 45 or more days past due may not be allowed to schedule appointments.

<u>Rescheduling/Canceling an Appointment</u>: If you need to reschedule or cancel a reserved appointment, please contact our office by phone 48 hours in advance. Cancellations or changes are not accepted by email or text

Print Patient Name	ie.		
Patient or Guardian Signature		Date	

Draper Family & Cosmetic Dentistry Financial Policy Agreement

Welcome to Draper Family & Cosmetic Dentistry. We appreciate your selecting us as your dental provider. We are committed to providing you and your family with the best possible service and appreciate the trust you have placed in our team of professionals. Before we perform any service, an explanation of your recommended treatment, treatment options, and a reasonable estimate of treatment fees will be presented to you for your approval.

We ask that you carefully review and sign our **Financial Policy Agreement** before beginning treatment, and we encourage you to talk with us regarding any problems that may affect your ability to afford care.

<u>Payment for Services</u> is expected at the time service is provided unless other financial arrangements have previously been made with our Office Manager. This includes any insurance or other third party deductible or co-payment. We accept cash, personal check, Care Credit, money order, and most major credit cards.

<u>Dental Insurance</u> claims will be filed as a courtesy for most dental insurance plans provided that you have assigned benefits to Draper Family & Cosmetic Dentistry. Please contact your insurance carrier or consult your certificate of coverage for details pertaining to deductibles, co-payments, maximums, covered and non-covered services, and plan restrictions.

Please plan to bring a copy of your insurance card or verification of coverage to each appointment. Failure to provide our office with all the information necessary to file your insurance claim will require full payment at the time of service.

Your insurance policy is a contract between you or your employer and the insurance company. Draper Family & Cosmetic Dentistry is not a party to that contract. Our relationship is with you, the patient, and not the insurance company. Therefore, you (or your account guarantor) are ultimately financially responsible for all services provided, including services that are not covered by your policy.

Miscellaneous Financial Information:

- Returned checks will result in an NSF fee of \$25 charged to your account. Services to you and your family cannot continue until the returned check balance and NSF fee have been paid in full.
- Balances that are not current and are greater than 45 days past due may result in a loss of appointment privileges and are subject to transfer to a third party collections management company. Under these circumstances, emergency services will be available only on a fee for service basis.
- Balances greater than 30 days past due will incur a 1.5% interest charge each month the balance is unpaid.
- Each failed/broken appointment may result in a \$50 charge.

My signature acknowledges that I have read, understand, and accept these Financial Policy Agreement terms.

Print Patient Name		
Patient or Guardian Signature	Date	