

CANCELLATION POLICY

We understand that emergencies arise that preclude you from keeping an appointment, but PLEASE remember that we have reserved an appointment time especially for you. We request that you give us at least a 48 hours notice to reschedule an appointment. **Therefore a missed appoint fee of \$35.00 may be assessed if 48 hours notice is not given for changing or canceling a reserved appointment**

FINANCIAL POLICY

Payment is due at the time of service.

We accept cash, check, Visa/ MasterCard, Discover and Care Credit

Regarding Insurance:

We file your insurance as a courtesy. The balance is your responsibility whether or not your insurance company pays. We cannot file your insurance if you do not provide us with a copy of your insurance card. If we should file a claim for your dental services, and your insurance company has not responded within forty-five(45) days, you will be expected to pay the balance in full at that time. Please be aware that some of the services provided may not be covered under your insurance plan.

All co pays and deductibles are due at the time of service.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area.

Minor Patients:

The adult accompanying a minor and the parents(or guardians of the minor) are responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless accompanied by an adult.

Thank you for understanding our practice policies. Please let us know if you have any questions or concerns.

HIPAA Notice of Privacy Practices

I acknowledge that I received and read a copy of Dr Jared D Anway, DDS Notice of Privacy Practices.

I have read the financial and cancellation policies. I understand and agree to this financial policy as well as the cancellation policy.

Signed _____ Date _____