

Jeffrey L. Angart DDS

Financial/Insurance/Appointment Commitment Policy

We appreciate your choice of our office to serve your dental health needs, as we are dedicated to the proposition that dentistry can be a pleasant experience.

We are committed to providing you with the best dental care possible. In order for us to provide that care, we will be happy to help you maximize your dental insurance benefits by submitting your claims for you. While filing insurance claims is a courtesy to our patients, all charges remain your responsibility from the date the services are rendered. We will be happy to provide you with an estimate in advance, and ask that all co-payments for service are taken care of at the time of treatment. If there is an overpayment, a refund will be sent to you; if there is an underpayment, the balance will be billed to you.

_____ **Statement balances are due at the time of receipt. Any account balance due and not paid within 30 days of receiving a statement will be charged interest at a rate of 1.5% per month, in addition to a \$5.00 monthly billing fee per statement sent.** Please be advised that you may be responsible for all collection charges and or attorney fees, if your account is placed for collection. Returned checks will be subject to a fee of \$35.00. We do understand that emergencies can occur, and request that you contact our office to avoid any misunderstandings in regard to your account.

_____ **We respectfully ask our patients to arrive on time and keep all reserved appointments with us.** We will try to remind you by telephone, text and/or e-mail prior to your scheduled time, but please do not rely upon this courtesy. **If you are unable, for any reason, to keep your previously reserved time with us, we require a minimum of 2 business days** to avoid a possible lost time charge of \$25.00 or 1/3 the value of the lost appointment time to your account.

Our goal is to provide you with the most comfortable care in a positive environment, while helping you under your responsibilities to our practice. If you have any questions, please feel free to ask any member of our team.

I have read, initialized at the appropriate areas, and agree to the terms listed above.

Patient Name (Print)

Signature

Date