

**CLASSIC SMILES DENTISTRY, PC  
OFFICE POLICIES**

**INSURANCE:**

Our office will file claims to your insurance company as a courtesy. Co-payment (patient's responsible percentage) is due at time services are rendered. You are responsible for any services that your insurance company deems not necessary (non-covered services). The account created is the responsibility of the patient, not the insurance company . (Initial \_\_\_\_\_)

**MISSED APPOINTMENTS:**

There is a \$30.00 per 30 minutes service charge for any missed appointments or appointments not cancelled within 24 hours. Our office will not schedule any appointments until this charge has been satisfied. After three consecutive appointments we reserve the right to refer the patient out of the practice. (Initial \_\_\_\_\_)

**RETURNED CHECKS:**

There is a \$30.00 service charge for any checks returned by your banking institution. The balance will only be payable by cash, money order or credit card. (Initial \_\_\_\_\_)

**DELINQUENT ACCOUNTS:**

Any account not paid in full after 90 days will be referred to our collection agency unless other arrangements are made. The patient will be held responsible for any filing charges, lawyer's fees, court cost or other intangible fees related to collection procedures. A finance charge of 1.5% per month will be added to all account balances past 30 days.

If your account is turned over to an outside collection agency, you will be responsible for your entire balance plus a collection agency fee equal to 33% of your account balance. You will then be required to reconcile your balance with the collection agency. (Initial \_\_\_\_\_)

As a courtesy to our patients, we try to see them in a timely manner; therefore it is important that you arrive on time. We realize that situations beyond our control occur and we ask that if you must be late please contact our office. Thank you.

**Patients Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If minor, parents signature)