

Financial Form

Scheduling Appointments

At the time your appointment is scheduled, you will receive a written appointment card (unless scheduled by phone) indicating the date and time of your appointment. It is also our policy to place a reminder phone call if possible for the scheduled appointment. **However, it is still the patient's responsibility to be at the appointment on the correct date and time.** This time will be reserved for you. Any change in these arrangements affects many other individuals. Therefore, we ask that you make every effort to keep your scheduled appointment. If you must cancel your appointment we require 24 hours advance notice. There is a **\$25.00 charge per half hour for late cancellations and broken appointments.** This charge helps compensate for the loss of time and revenue on which our office thrives.

Our office and staff are proud to be able to offer the best dental care with the least amount of waiting time. In order to offer this level of service to our patients; we cannot offer walk in appointments. **Walk-ins are only accepted in cases of emergency!!**

Dental Insurance

If you are covered by dental insurance, it is important that **YOU** are aware of the extent of your coverage. As a courtesy to our patients, we will file your insurance for you but take no responsibility for what is not paid by them.

Responsibility for full coverage of your dental service is yours. The fees we charge for services rendered to those who are insured are our usual and customary fees charged to all patients for similar services. Your policy may base allowances on a fixed schedule which may or may not coincide with our usual fees. If your policy is based on a schedule, it is your responsibility to obtain the schedule from your insurance company so you can pay your portion at the appointment. If this is not provided to us we will estimate your portion due.

In order to file insurance we require specific information at a minimum of 24 hours prior to your scheduled appointment. This will allow us to obtain a GENERAL breakdown of your coverage. **Again, we urge you to be fully informed of the benefits available to you through your insurance company.**

You may get an estimated treatment plan at the front desk to help you understand what you will need to pay at the time treatment is rendered. Co-payment and any percentage that you are responsible for must be paid at the time of the appointment. Sending statements for co-payments is very costly to us.

If your account becomes past due, and if there are special circumstances or legitimate reasons; please call us so that a mutually, agreeable solution can be found.

For your convenience, Master Card, Visa, Discover, AMEX, CareCredit, cash, and personal checks will be accepted.

There is a \$25.00 charge on all returned checks.

I have read and will abide by the office policies of JSA Dental Care Associates and further will allow them permission to discuss my conditions with my physician and to request medical information. I agree to pay this account according to the policy of this office. I agree to pay a reasonable collection charge in the even of default.

Patient's Signature

Date

If Minor, Parent's Signature