



COASTAL  
Dental Arts

## FINANCIAL RESPONSIBILITY

Welcome Aboard! Thank you for selecting Coastal Dental Arts to provide you with highest quality, comprehensive dental care in the most gentle, efficient and respectful manner.

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when patients fail to keep scheduled appointments or cancel at the last minute and thus we request 24-hour notice for any broken appointments. After 3 missed or cancelled appointments you will be placed on a short call list and will be phoned when an appointment time becomes available on short notice. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.

Patients are expected to pay for our services at the time they are rendered and those who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. In addition, any procedure over \$500 requires partial pre-payment. In order to help you receive maximum allowable benefits, we will submit claims to your insurance company free of charge as a courtesy to our insured patients.

Outstanding balances on your account must be cleared before the next appointment is made for any account member and non-emergency treatment may need to be postponed pending payment of delinquent balances. Amount due and not paid in full within 60 days will be charged interest at a rate of 1.5% per month in addition to a \$10.00 monthly billing fee per statement. Overdue balances exceeding 90 days old will be referred to a third party collection agency and may inadvertently affect your credit bureau rating. A returned check fee of \$35.00 (subject to change as bank fees increase) will be added to your account for any returned check.

I fully understand and acknowledge that I am financially responsible for the services provided for myself and/or the above named regardless of insurance coverage. I have had the office financial policy explained to me and understand the guidelines of that policy.

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Patient's Name

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Signature of Responsible Person

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Date