

LAFAYETTE FAMILY DENTISTRY OFFICE POLICIES

Please be advised that a finance charge of 1.5% will be applied to all accounts 60 days past due effective **January 1st, 2005** which will accrue monthly until balance is paid.

Co-Payment Deductibles are due the day services are rendered unless other payment arrangements have been made through dental financing options.

We ask that you take responsibility to find out what your insurance covers since all insurance policies are different. We base your care on your dental health and according to our office protocol.

A collection fee for the outstanding balance will be added if referred to a collection agency. (fees vary).

Any returned checks are subject to a service charge of \$25.00 in addition to outstanding balance.

CANCELLATION POLICY: I understand that it is my responsibility to give at least 24 hours notice or I will be billed a \$50 cancellation fee. This will also be the case if you do not show for an appointment. Some exceptions will be granted.

PAST DUE ACCOUNT BALANCE AFTER 90 DAYS: If your account has a past due balance of 90 days or over and you have previously used a credit card with our office, your credit card will be charged the amount to pay your balance in full. You will first be notified that this will take place and a receipt will then be mailed to you to show this transaction. If there is no credit card to pay the balance and our office has been unable to make some type of arrangement with you, your account will automatically be sent to a collection agency.

My signature indicates that I have read, understand and agree with the above statements.

PATIENTS SIGNATURE: _____ **DATE:** _____

RESPONSIBLE PARTY SIGNATURE (if necessary): _____