

Dear Valued Patient,

Thank You for choosing Confident Expressions Katie Vincer Sears DDS! We are excited to have you as a patient. As your new dental provider, we strive to provide you with exceptional care in a fun and friendly atmosphere. In order for us to serve you better, please read and sign our Patient and Financial Policy:

Patients with no dental insurance are expected to pay fees for services rendered on the given day of service. Patients with dental insurance will be required to pay their deductible and estimated co-pay at the time service is rendered. The patient is also responsible for any balance remaining after the insurance company has paid on the dental claim. While filing the insurance claim is a courtesy we extend to our patients, we must emphasize that as a dental care provider our relationship is with you, the patient, NOT the insurance company. If we do not receive payment from the insurance company within 60 days of submitting the claim, the balance becomes your responsibility. All accounts that are 30 day past due will be charged an additional 1.5% finance. Any balance exceeding 90 days past due will be sent to collections. If a patient is sent to collections, any future appointments must be paid in full by cash only prior to service. Additionally, there is a \$30 charge on returned checks.

Should a patient need to reschedule their dental appointment, we request 24 hour prior notice. For the first appointment that the patient does not show, is 15 or more minutes late, or does not give Confident Expressions Katie Vincer Sears 24 hours notice of canceling the appointment or changing the appointment to another date, then the patient will receive a warning letter. After the second time that the patient does not show to an appointment, is 15 or more minutes late, or cancels or changes the appointment date without 24 hours notice, then a non-refundable \$50 cancellation fee will be charged to the patient's account. If a patient's attendance becomes an issue, then we reserve the right to dismiss the patient from the practice.

If the doctor is called in after office hours for a dental emergency there will be a \$150 fee for the visit due at the time of services and will be charged at the doctor's discretion.

I have read, understand and agree to the Patient and Financial Policies of Confident Expressions Katie Vincer Sears DDS.

Patient's Signature: _____ Date: _____

Patient's Name: _____ Date: _____