



## FINANCIAL POLICY

Thank you for choosing Atlas Dental Specialists to meet your dental needs. Our primary mission is to deliver detailed and individualized care that is both comprehensive and accessible. Part of that accessibility is to make the cost of care as easy and manageable for our patients as possible by offering multiple payment options.

### PAYMENT OPTIONS

<b>CREDIT CARDS</b>
Visa, Mastercard, American Express, Discover Card
<b>THIRD PARTY FINANCING</b>
Care Credit, Dental Finance

**A deposit is required to make an appointment for treatment. The deposit will not be refunded if the appointment is canceled without rescheduling or rescheduled with less than 48 hours' notice, or if the appointment is missed.**

\_\_\_\_\_ (Initial here)

For your convenience, we encourage you to leave a credit or debit card number on file. This allows us to easily take a deposit when you schedule by phone and to easily issue refunds in the case of an overpayment. Credit card numbers are kept in a secure system.

Atlas Dental Specialists requires payment prior to and/or on the day of completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. For plans requiring multiple appointments, alternative payment arrangements may be provided.

For patients with dental insurance, we will make every effort to maximize your insurance benefit and directly bill your carrier for reimbursement of treatment. However, if payment is not received from your insurance carrier within 60 days for any reason whatsoever, you are responsible for your treatment fees. If insurance reimbursement is received following your payment, you will be refunded the amount paid by your insurance company.

### MISSED APPOINTMENTS

Appointment times are reserved especially for you. If for any reason you should need to change your appointment, there will be no charge, provided you give us at least 48-hour notice. **If your appointment is missed or if you cancel or reschedule with less than 48 hours' notice, a fee of \$50 per hour of appointment time will be applied to your account. Patients who have three appointments that are missed, canceled, or rescheduled with less than 48 hours' notice will no longer be permitted to schedule appointments and will be seen on a same-day basis only.** Please help us serve you better by keeping your scheduled appointments.

We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure you have an outstanding experience.

Name (Printed): \_\_\_\_\_

Signature (Responsible Party): \_\_\_\_\_ Date: \_\_\_\_\_