

OFFICE POLICY AND PAYMENT PROCEDURES

A Reason to Smile Dentistry, P.A. is committed to providing you with the best quality care.

Our office policy is as follows.

- If you must cancel an appointment, we ask that you give our office a minimum of 24 hours notice. **If you DO NOT notify our office prior to 24 hours, you will be charged a \$75 fee per reserved hour.**
- As a courtesy, we will bill your dental insurer, provided that you have ACTIVE insurance status and NON-DMO plan.
- If your insurance carrier does not cover the full costs of the procedures, as many do not, you will be responsible for the balance
- For patients WITHOUT insurance, payment is expected in full at the time services are rendered, unless special arrangements are made.
- Delinquent accounts will be sent to a collections agency if payment is not made by the date indicated on the final billing statement. Please be responsible since this situation will affect your personal credit rating.
- If your account is forwarded to a collection agency, you liable for any all costs of collection, including but not limited to an additional 33.33% agency fee. In addition, there will be a 2% interest rate charge per month on any remaining balance. You will also be required to pay any reasonable attorney's fees plus court costs if legal action is required to settle your account.
- We encourage any patient who cannot pay their balance in full to discuss reasonable payment option with Dr. Pizzi prior to the due date indicated on the final bill.

By signing below, you have read and agree to these terms and consent to treatment.

Your name (please print): _____

Signature: _____

Today's date: _____