

ECONDENTAL OFFICE POLICIES

PAYMENT POLICY

Payment is due in full at the time service is rendered, unless other arrangements have been made with our practice Manager. As a courtesy to our Patients, we file all claims to the Insurance Company, but the Patient is ultimately responsible for the payment of the services. The Patient and/or person responsible is expected to pay all charges NOT COVERED by the Insurance Company at the day of service. All unpaid balances will be reported to the Credit Bureau and send to legal or collection agency and Patient will be responsible for all costs incurred in the process of collecting any amount due to Econdental PLLC.

CANCELLATION POLICY

We would greatly appreciate a 48 hours notice from any Patient that needs to reschedule or cancel an appointment. We reserve the right to apply a \$25.00 cancellation fee if prior notification is not given to Econdental PLLC.

COMPOSITE RESIN FILLING POLICY

Econdental does not use any "silver" filling material. Unfortunately, most Insurance Companies down code and pay LESS for Composite Resin Fillings; especially in Posterior Teeth. Patient is responsible to pay the difference.

DUPLICATED RECORDS FEE POLICY

We reserve the right to apply a fee of \$50.00 for duplicating records and x-rays. Including duplicating records for the use of specialist's referral.

RETURNED CHECK POLICY

There is a charge of \$25.00 for any returned check.

I HAVE READ AND ACCEPT THE ABOVE MENTIONED OFFICE POLICIES. I ALSO UNDERSTAND THAT I AM ULTIMATELY RESPONSIBLE FOR ALL CHARGES INCURRED FOR DENTAL WORK PERFORMED UPON MYSELF, AND/OR DEPENDANT IN THIS DENTAL OFFICE (ECONDENTAL, PLLC)

Patient Name

Patient Signature