

## Stellar Dental, LLC Appointment policy

We make all efforts to see all patients on time and request that you extend the same courtesy to us. Appointment times are reserved especially for you and will be scheduled at times best suited for the treatment involved. Any changes in appointment greatly affect other patients.

We require a minimum of 48 hours for any appointment changes. A fee of \$50.00 per hour will be charged for broken appointments or short notice changes. This fee must be paid prior to any treatment.

## financial policy

In our efforts to keep dental costs at a minimum while maintaining a high level of professional care, we have established the following payment policies:

1. Patients without insurance coverage
  - \* Payment is expected at the time of treatment and may be paid for by:
    - A. check-with proper identification
    - B. cash
    - C. credit card-visa, master card ,discover, American express
2. Patients with insurance coverage
  - \* Insurance plans are accepted providing that verification of eligibility has been made prior to the appointment and that we can accept the assignment of benefits.
  - \*\*deadlines and estimated patients portions not covered by the insurance will be collected at the time that services are rendered. \*\*

*All fees related to treatment are full responsibility of the patient.* In the event that payment is not received within 60 days from treatment or the insurance payment varies from the portion, the remaining balance will become the responsibility of the patient.

3. Treatment consisting of several visits will require an appropriate down payment with the balance due upon completion.
4. Payment plans are available and arrangements must be made in advance of treatment. Providing that credit qualifications are met. Payments plans will require an appropriate down payment and maybe subject to monthly finance charges.
5. Account balances are due upon a receipt of statement from our office. Account balances not paid within 25 days from the statement date may be subject to a service charge of 2% per month (or a minimum of \$5.00).
6. Anycharges incurred by this office related to collection of overdue accounts will be added to the patient's account.
7. A fee of \$30.00 will be charged for any returned checks.

We hope this information is helpful in answering some of the questions you may have regarding our office policies. Please feel free to discuss any questions you may have with us.

I have fully read the above information and agree with the terms and conditions.

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Print Name

Signature

Date