**PRACTICE POLICIES & CONSENT FOR SERVICES**

Please read the following office polices to understand how the business aspects of our office are handled in order to help you receive the best care. Our office is open to all ages for the practice of General Dentistry. When necessary, you will be referred to a specialist who will bill you directly. Our business and clinical hours are normally Monday thru Thursday, 8:00am – 5:00pm. For your convenience, we have Voice Mail to take messages when we are unable to take your call.

As a courtesy, we attempt to contact you for conformation of your scheduled appointment. However, should contact not be made, **it is your responsibility to personally notify this office of your intentions in regard to a scheduled appointment.**

Our short notice cancellation/ no show appointment policy is that **we require 48-hour prior notice on all scheduled and/or cancelled appointments**. If the proper notice isn’t given or you do not show for an appointment, **a minimum fee of $50.00 will be charged to your account.** Three (3) such occurrences may result in your termination as a patient. Late arrivals for a scheduled appointment can not always be seen by the provider due to the courtesy of our patients. A late arrival fee of $50.00 or a portion of the treatment fee may be charges to your account. Repeated late arrivals may result in your termination as a patient.

**Payment in full is expected at the time of the service.** For crowns, dentures, partials, and prosthesis, your portion is due in full at the time impressions are taken. To facilitate payment, we accept Visa, Master Card, Debit, checks & cash. On approved credit, you may make arrangements through Care Credit. Applications are available at the front desk. Financial arrangements, other than those stated above, **must be made prior to the appointment**. Patient credit balances remaining on the account will be returned to the patient or, at the patient’s request, applied to future dental treatment.

**Patient portions 60 days past due will be charged a finance fee of 18% per annum**. In case of unpaid balances, collection agencies and small claims courts are used. Additional fees up to 45% and/or court costs are added to the account balance. This is easily avoided by communicating with the office if there is a problem. The policies are no reflection on your personal credit and we do appreciate your understanding and cooperation.

I have received and/ or read a copy of this office’s Notice of Privacy Practices. I also grant permission for Marc Nelson, DMD Family Dentistry to discuss my dental treatment or other aspects of my dental care with:

In consideration for the professional services rendered to me by the Dentist, or at my request, I agree to pay the value of said services to the Dentist, or the assignee, at the time the services are rendered. I further agree that the reasonable value of the services shall be billed unless objected to, by me in writing, within the time for payment thereof.

I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver tern or conditions and I further agree to pay costs and reasonable fees if suit were instituted hereafter.

I grant my permission to you or your assignee, to telephone me at home or at my work to discuss matters related to this form.

I have read the above condition of treatment and agree to their content.

Signature of patient/guardian:                                                                                Date:                                   Relationship to Patient: