

Financial Policy

At Cook Family Dentistry we take great pride in offering our patients a variety of treatment options that meet their unique needs and budgets.

Treatment Options and Estimates

Based on the information we have received from your insurance company, we will provide you with an estimate of treatment related to proposed treatment options before treatment is provided.

Late Cancellation/Missed Appointment

We consider your appointments confirmed and reserved for you on the day they are scheduled. As a courtesy, we will remind you of your appointment 2 business days prior to your appointment by phone, text or email. We understand that events may arise that may require a patient to change or reschedule an appointment. We require changes to appointments to be made by phone **2 business days** prior to the appointment time. A **\$50.00** missed appointment fee will be applied to your account for any cancelled or missed appointments without a minimum of 2 business days.

Dental Insurance

As a courtesy to our patients, our team will work with your dental insurance carrier to provide a good faith estimate of insurance coverage. We ask that you pay the estimated patient responsibility or copay at the time of service. If there is a portion owing after payment from insurance has been received, it is the patient's responsibility to pay the remaining balance. Any overpayments will be refunded. *Fees and insurance coverages are estimates only. **By signing this agreement I understand that Cook Family Dentistry is not responsible for non-payment of benefits by my insurance company due to terms and clauses of my policy or denials. I as a patient or responsible party, am fully responsible for all charges incurred whether I have insurance or not. All balances are due within 30 days of the service.***

Payment and Financing Options

For your convenience we accept the following methods of payment; **Cash, Check, Money Order ,Visa , MasterCard, Discover, American Express, HAS & FSA**

For Patients without Dental Insurance

For patients without dental insurance, you may qualify for our Wellness Plan. Please ask one of our team members for further information. Without the Wellness Plan, we offer a 5% discount when services are paid in full by cash, check or credit card. If a check or transaction is returned due to insufficient funds, a \$50 administrative fee will be assessed and the 5% discount will be reversed.

By checking this box I give permission for Cook Family Dentistry to use images of my teeth and/or smile (not face) on their website and/or other informational materials. I understand that my name, face or any identifying information will never be disclosed. IN the event that Cook Family Dentistry ever desires to use my full facial image, I would give separate consent and would be allowed to approve any images before use.

I have read and understand the Financial Arrangement Policy and agree to the terms described therein. I understand that I will be personally responsible for any fees incurred at Cook Family Dentistry. If a check or transaction is returned due to insufficient funds, a \$50 administrative fee will be assessed and any discounts received will be reversed.

Patient Name

Relation to patient

Signature

Date