



Kristin M. Saville, D.D.S.

cosmetic & family dentistry

FINANCIAL POLICY

Fees are due at the time of service including all copays and deductibles.

We do our best to verify insurance prior to any services as a courtesy to our patients, but please remember it is not a guarantee of coverage.

Any balance remaining 60 days after billing will be assigned to our third party collector.

Any service deemed a non-covered benefit by the patient's insurance company will be the patient's responsibility.

For treatment plans over \$500.00 a 20% deposit is necessary to reserve an appointment.

For all lab cases we require 50% of the out of pocket be paid on the prep date and the balance be paid in full prior to delivery being made.

CANCELLATION POLICY

We understand that circumstances arise that do not allow you to keep your appointment, but please remember to be courteous to us and our other patients by calling or emailing 24 hours prior to your appointment time to cancel if you cannot keep your appointment. Other offices may choose to overbook patients to offset 'no show' and late cancellations. We do not overbook and are dedicated to helping our patients remember their appointments with email, post cards, and phone call reminders.

First Missed Appointment: Account is noted with a 'no show' or late cancellation. No fees are applied.

Second Missed Appointment: Account is noted with a 'no show' or late cancellation. A \$30.00 fee will be applied to the account.

Third Missed Appointment: Account is noted with a 'no show' or late cancellation. A \$30.00 fee will be applied to the account and you will be asked to call ahead for an opening to be seen as a walk-in patient for the next six months.

_____ **Print Name**

Name

_____ **Sign**