

# RELAXED DENTISTRY

Thomas R. Peters D.D.S.

*You've never been cared for like this . . .*

We are open from the hours of 8:15 a.m. to 4:30 p.m. on Monday through Thursday

**We understand that you could visit any dental office in Portage and we are truly honored that you choose Dr. Peters for your dental treatment.**

## APPOINTMENTS

We work hard to appoint our days so that staff is kept busy and patients don't have to wait extensively. We pride ourselves in careful scheduling that balances these two important concerns. Therefore, to offer our patients the best use of our reserved time, we encourage responsible canceling of appointments by requiring 48 hours of notice to cancel a scheduled appointment.

A patient who fails to cancel an appointment within the 48 hours notice, barring some unexpected emergency situation, is charged a \$30 no-show fee. This charge is not covered by dental insurance plans. Patients who fail twice are required to pre-pay their treatment in order to secure a future appointment time. This is a non refundable fee should the patient fail again.

## PAYMENT POLICY

All patients are expected to pay their dental treatment in full at the time of service. Patients are given a portfolio to keep track of payments, charges and insurance claim forms.

We have partnered with American General and Care Credit which are two financing companies and we accept major credit cards and the debit cards associated with them.

## PAYMENT OPTIONS

- Non-insured patients: Pre-Payment by cash or check for full amount of scheduled treatment, paid 14 days before the day of the appointment, 5% fee reduction. Not available to insured patients because of legal restrictions.
- Non-insured Senior Citizens (65 years of age and older) paying by cash or check enjoy a fee reduction of 15% for non-laboratory procedures.
- Financing plans include interest free (0%) option for up to 18 months.
- Extended payment plans with fixed interest fees for up to 48 months.

## INSURANCE FORMS

Please note that it is your responsibility to have your insurance card and understand your dental plan benefit. We are glad to file your insurance claim and we will follow up any information requests that your company may require.

## ACCOUNT BALANCES

- Accounts left unpaid for any reason will be subject to a monthly finance charge of one point ninety seven percent (1.97%).
- Failure to pay account balances will result in collection activity.
- The patient agrees to pay all collection fees including court costs and attorney fees should they apply.

**The patient, signed below, has read and understands the office policy for Relaxed Dentistry.**

PATIENT (Please Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_