



## **Financial Policy**

### **Cancellations**

At Artisan Dental, we strive to render excellent quality of dental care to our patients. When an appointment is scheduled, this time has been set aside especially for you. When an appointment is missed, this is time lost that our providers could have used to serve other patients and their dental needs.

To achieve the highest level of patient care and time management, our office requires at least 48 hours notice for any appointment changes. Please be aware that failure to inform the office of any appointment changes will result in a fee of \$75.00 per hour of your reserved appointment time. Failure to arrive for two consecutive appointments without notice may result in the inability to schedule any future appointments at our office.

### **Payment Responsibility**

The patient is responsible to provide the full payment for any treatment rendered at Artisan Dental and payment is due at time of service. Statements are sent out monthly to patients with any residual balance. Payment is due within 15 days from the printed statement date. Any delinquent accounts may be submitted to a collection agency.

### **Dental Insurance**

Please remember your insurance policy is a contract between you and your insurance company. As a courtesy, our office provides estimated treatment costs, estimated patient portion, and estimated insurance portion. These estimates are not a guarantee of payment, but rather an estimate referencing the information provided from your insurance company at that given time. Your estimated patient portion is due at time of service. After insurance has paid on the claim, any remaining balance will be the responsibility of the patient.

We thank you for your cooperation and for being a valued patient at Artisan Dental.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_