

Classic Dental, Inc

Office Policies

- At the time dental services are rendered you are responsible for your co pay, co-insurance, deductible and any non-covered services. If we are not a contracted provider with your insurance company or you do not have routine/preventative coverage you will be responsible for 100% for the charges. We accept Visa, Master Card, Discover, American Express, Debit Card, Cash or Check.
- If you are using insurance benefits, you will be billed for whatever is remaining after benefits have been paid. Full payment is expected upon receipt of your statement. If you are unable to make the payment in full, contact our to discuss payment options. We offer low interest financing through the Dental Fee Plan by Capital One. If an account is sent to collection, the patient will be charged a collection-handling fee of 35% of the balance transferred to the collection agency.
- Any returned checks will be assessed \$35.00 service charge.
- We require a minimum of 48 hours notice for all cancelled appointments.
- There is a \$20.00 charge for duplicating your records and x-rays if you desire copies. This fee must be paid at the time the records are picked up.

I Understand and agree to the above written policy.

Patient or Responsible part (if other than patient)

Date