

About Our Office Policies

Payment for Services Rendered

Payment for service rendered are due at time of appointment. We accept cash, checks, MasterCard and Visa.

Late Payments and Finance Charges

All balances over 60 days due are subject to a finance charge based on an annual percentage rate (available upon request).

Insurance

Your dental insurance is a contract between you, your employer and your insurance company. We are not a party to this contract, however, we will bill your insurance as a courtesy to you. You will be responsible for co-payments and any procedures that are not covered by your insurance company.

Cancellations

We require that all scheduled appointments be cancelled two business days in advance. A cancellation fee will otherwise apply based on an hourly rate. The current hourly rate is available upon request.

I have read and understand all information pertaining to this document. I have completed the billing and health information and certify that this information is true and correct to the best of my knowledge. I will notify the office of any changes in my health status or billing information.

After consultation, I authorize Dr. Downes to take x-rays, study models and use other diagnostic aids deemed appropriate by Dr Downes to make a thorough diagnosis of my dental needs. I also authorize Dr. Downes to perform any treatment, administer medication that is necessary and employ such assistance as she deems fit. In the event of an emergency, I understand I may not have the opportunity to be consulted before treatment.

Signature of Patient

Date

Signature of Responsible Party

Date

(if patient is a minor or if someone other than patient will be deemed as responsible party)