SALIDA
FAMILY DENTISTRY
Advanced Technology. Friendly Staff.

Brent Sites, DDS Keith Wilken, DMD Elizabeth Creasy, DDS David Belmont, DDS

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Financial Policy

Welcome to the office of Salida Family Dentistry. Please take a few minutes to review the following information prior to your appointment. We hope that you understand that our financial policies are established to assure the financial resources needed to maintain this dental office for all our patients.

Charges for dental services are due and payable at the time of service. We accept cash, personal checks, and most major credit cards for payment of your account. *If you have unusual circumstances, please speak with our financial coordinator **prior** to your appointment.*

If you have dental insurance, we will gladly file your insurance claim. However, any required co-pays and deductibles are due at the time of service.

Your insurance is an agreement between your insurance company and you, not Salida Family Dentistry. Therefore, all charges are ultimately your responsibility, regardless of your insurance status.

Balances over 90 days are subject to finance charges. The office does not carry any balance over 90 days *unless **prior** financial plans have been made in advance.*

We require that you give our office **24 hours** notice in the event that you need to reschedule your appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of $40.00 will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility. Additionally, if a patient is more than 20 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the $40.00 cancellation fee will be charged.

If you have any questions regarding our financial policy, please do not hesitate to contact us. We are happy to work with our patients to insure that their dental care is the finest available.

Thank you.

I have read and understand the financial policy:

Name of patient (printed)

Signature Date