**Michael Drone Dentistry & Prosthodontics**

**Payment & Appointment Policy**

**Payment Methods**

Our office offers a variety of payment methods for your convenience. In addition to the traditional payments via cash, checks, MasterCard, Visa, Discover and American Express, we have financing options available through Care Credit. Please contact the office for more information regarding 3rd party lending. Full payment is expected at the time of service.

**Insurance**

As a service to our patients, we are happy to file your dental insurance claims for you and will do so on the day of your treatment either electronically or via mail. We will accept assignment of insurance benefits provided all paperwork and necessary information is complete. **We do require that deductibles and co-payments be paid at the time of service.** Your insurance policy is a contract between you, your employer and the insurance company. We have included a document to collect information about your insurance to help you learn about your benefits and to provide us the basics about your coverage.***Any fees not covered by your insurer will be your responsibility and an estimate of your portion is the amount expected at time of service. It is our practice to allow 45 days grace period for all insurance claim payments to arrive. If no payments have been made by then, the balance will be transferred to you***. All balances are due upon receipt and are subject to a monthly billing charge of $25 for every 30 days overdue.

**Appointments**

We would like to convey to you the importance of your scheduled appointment time. We view your scheduled time as a commitment of trust. We will be here to serve you and ask that you give us advance notice if your schedule should change. We request the courtesy of 2 business days advance notice should you need to reschedule your appointment. This courtesy prevents waste and allows us to give your appointment time to patients who may be waiting. We will provide a courtesy reminder to you 24 to 48 hours prior to your appointed time to re-confirm your arrival and ask that messages be returned to allow necessary changes to the schedule. ***Patients who fail to arrive for their appointed time and who do not call our office 24 hours in advance will be subject to a $150 no call-no show fee. \*\*\* Our automated phone voicemail is for emergencies only. We request that you call during office hours to reschedule appointments. Please do not leave messages to cancel appointments. Less than 24 hour notice reoccurrence may result in dismissal from the practice.***

Thank you.

I have read and understand the office policy and agree to comply with it.

Signature Date

Witness Date