

## Plattsburgh Family Dentistry

326 Tom Miller Road  
Plattsburgh, NY 12901  
(518)563-7097

### **Financial Agreement:**

Payment for services is expected at the time service is provided. If treatment requires multiple appointments, payment may be divided over the number of appointments. Cash, personal check, VISA, MasterCard, and American Express payments are accepted. If an extended payment plan is desired, please ask us about our Care Credit program.

I understand and agree that all services rendered to me, my dependants, or others assigned by me to my account are charged directly to me. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable collection costs and litigation costs shall be included in the computation of the amount due. If the account is in default and turned over for collections, any costs associated will be added.

### **Cancellation Policy:**

Your appointments have been set aside specifically for you. Broken appointments and short-notice cancellations create a great deal of scheduling problems. It is very difficult to fill these appointments with little or no notice, or even a day's notice. We understand emergency situations when they arise, but we would appreciate 24 hours notice if you must reschedule an appointment. We do implement a \$50.00 missed appointment fee at our discretion. We respect our patient's time and make every effort to remain on schedule, and appreciate similar consideration from our patients.

### **If You Have Dental Insurance:**

As a courtesy, we will file your insurance claim for you. Your deductible and portion not covered by insurance will be estimated and due at time of service. As the patient/subscriber it is your responsibility to know the terms and conditions of your insurance policy. Our estimates may be different than your insurance company's calculations; therefore, the amount due to our office may be adjusted accordingly. You may find that our fees may be different from the insurance company's schedule of "allowable" or "UCR" fees. If you have questions about "UCR" fees, please feel free to ask. All services rendered are charged directly to the patient and *the patient is ultimately responsible for the account regardless of insurance coverage*. Any insurance claims denied or remaining unpaid after 60 days will automatically become the responsibility of the patient.

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Print name

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Signature and date