

Payment/Cancellation Policy

Payment at the time of services is expected. For your convenience, we take Care Credit, Credit or Debit cards. Our office will be happy to submit claims to your insurance company. A service charge of 1-1/2% per month will be added to all balances 60 days and older. The annual rate of the service charge is 18%. I understand that Crow River Dental will make every effort to collect from my insurance company, but is not a guarantee of payment. I hereby authorize Crow River Dental to furnish information to insurance carriers concerning my treatment and I hereby assign to the dentist all payments for dental services rendered covered by insurance for services rendered to me or my dependents. I also acknowledge and understand that if the account is turned over to an attorney for collection, I hereby agree to pay thirty-two percent (32%) attorney or collection agency fees on the unpaid balance.

At Crow River Dental, we put faith in you to keep your appointment. Please understand that our appointment times are scheduled to allow us to take care of each individual patient's needs during the patient's visit. A specific amount of time is reserved especially for you. Since appointment times at Crow River Dental are in high demand, we require advance notice from our patients who are unable to keep their scheduled appointments.

In an effort to decrease unnecessary costs related to staffing and supplies and in order to contain our costs and continue to provide you with affordable fine dentistry for your entire family, we maintain a No-Show/Cancellation Policy for all of our patients. To promote efficient access to our clinic, we require that any appointment that is no longer needed or is unable to be kept, must be cancelled at least 24 hours in advance of the appointment. Cancellations can be made during normal business hours on workdays at least one full business day before the scheduled appointment. Cancellations can be done over the phone by speaking directly to one of our dental professionals, leaving a voice mail, sending a text message, or sending an email. Patients will not be charged if cancellation is made 24 business hours before their appointment. Since we certainly understand that illness or other problems can occur (sometimes without any warning), we will review the reason and consider a waiver for a missed or cancelled appointment charge.

1st missed appointment: If an appointment is missed or canceled without 24-hour notification, a failed appointment charge of \$100.00 will be charged. This charge must be paid in full before you can reschedule another appointment.

2nd missed appointment: After a second missed appointment, a failed appointment charge of \$100.00 will be charged. In order for you to schedule future appointments, this fee must be paid in full and you will not be able to reschedule during prime appointment times (early morning or late evening). You may request to be placed on a short notice cancellation list and will be notified of any last minute scheduling opportunities.

3rd missed appointment: A failed appointment charge of \$100.00 will be charged and the patient will be dismissed.

Appointments three hours or longer: A failed appointment charge of \$100.00 per hour will be charged.

This policy is in effect for all appointments at our office. Please acknowledge that you have had the opportunity to review this policy by signing below. The undersigned hereby authorizes the release or any information relating to all claims for benefits submitted on behalf of myself, spouse, or dependents including the assignment of benefits payable to CROW RIVER DENTAL, P.A. I further agree and acknowledge that my signature on this document authorizes my dentist to submit for myself, spouse, or dependents all insurance claim forms necessary for submission and that I will be bound by this signature as though the undersigned had personally signed the particular claim form.

Past due balances are subject to a late payment of 1-1/2% per month (18% annual)

Relationship to Patient: _____

Signature: _____

Response Date: ____ / ____ / ____