



FINANCIAL POLICY

Thank you for choosing Alan K. Neal, DMD, as your dental health provider. It is our proud commitment to provide quality dental care for our patients and to avoid any misunderstandings. At this time we would like to inform you of our office policy regarding payment for our services rendered.

Payment is due on the day that treatment is performed. We encourage our patients to utilize other third-party lending options. As a courtesy to our patients with dental benefits, we are happy to submit your claim to your insurance company. Any portion not covered by your insurance benefits is your responsibility and is due at the time the treatment is performed, including any deductibles and co-payments. If benefits are less than expected you will be billed for the difference and payment is due within 10 days.

Dental benefits are contracts between you or your employer and the insurance company. We will make every effort to assist you with any benefit questions; however, we recommend that you be aware of the benefits available to you. Ultimately, you are responsible for the balance.

RETURNED CHECK FEE

There may be a \$25 charge for any returned checks.

MISSED OR CANCELLED APPOINTMENT POLICY

Your appointment is time reserved specifically for you. A missed appointment is when you fail to show for an allotted appointment time, without a phone call, email, or cancellation notice of at least 24-hours. Therefore, we request at least a 24 hours notice in order to reschedule your appointment. This will enable us to offer your cancelled time to other patients, ensuring continuous dental care to all our valued patients. If you do not receive a confirmation reminder prior to your scheduled appoint, please call us to confirm the date and time. If your mailing address, email address, and/or phone number have changed since your last dental appointment, we may be unable to contact you. Additionally, if you arrive more than 10 minutes late, your appointment may be rescheduled; and we reserve the right to charge a fee of \$25 for appointments missed or cancelled without 24 hour advance notice.

By signing below, I understand and accept the terms of Alan K. Neal, D.M.D.'s Financial Policy, Returned Check Fee, and Missed or Cancelled Appointment policy.

SIGNATURE OF RESPONSIBLE PARTY

X _____ DATE _____
(Patient, Parent or Legal Guardian)

For your convenience, we accept the following forms of payment:

- Cash
- Personal Check or Money Order
- CareCredit
- American Express
- Visa or Mastercard

