



4909 Park St. · PO Box 207 · Reed City, MI 49307 · (231) 832-9912

## SHARED COMMITMENTS

### Commitment to Appointment Policy

Thank you for choosing Reed City Dental. Everyone's time is valuable and we do our best to maintain a structured schedule. In doing so, we reserve a specific amount of time for each patient throughout the day. We ask that we maintain a mutual respect for one another's time. An appointment made for you in our schedule is a commitment that we will be there to serve you and you will arrive on time for your appointment. A fee of \$25 may be charged for patients who miss or cancel without 48 hour notice. **Three missed appointments** or an account being **sent to collections/filed in small claim court** is an **automatic dismissal** from the practice. A formal notice of dismissal will be sent to the guarantor.

### Commitment to Payment Policy

We believe that every patient has the right to expect the very best professional care we can provide. In turn, we feel we can expect your commitment in following our payment policy. After a thorough examination, you will be given a treatment plan and **estimate** of the cost required to restore your oral health.

If you are fortunate enough to have dental insurance to assist you with your treatment, we will **approximate** the amount that your insurance company should pay and ask that you pay the remaining balance. If for any reason your dental insurance company does not pay as much as anticipated, you will be expected to pay the difference upon receipt of your statement.

### Payment Options

- Methods of payment: Cash, Check, Visa, MasterCard, American Express, or Discover Card
- For those needing a payment plan:
  - Care Credit (subject to credit approval)
  - In-house payment plans can be approved per office discretion for **established patients**
    - Social security number, employer (if applicable), bank account number and bank routing number as well as a method of payment is all **required**

### Additional Information

- Reed City Dental charges \$25 for returned checks.
- Failure to pay can result in filing in small claims court or a collection agency.
- It is the patient's responsibility to keep us informed of any insurance changes. Reed City Dental is not responsible of notifying the patient of any insurance changes for their policy.

\_\_\_\_\_  
Patient, Parent, or Guardian Signature

\_\_\_\_\_  
Date