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### **Missed Appointment and Cancellation Policy**

ASK Dental Care requires a 48 hour advance notice or call to reschedule or cancel your appointment. This ensures you will not be charged for the missed or last minute cancellation of your appointment. If a 48 hour advance notice or call is not given, the following may take place:

\_\_\_\_\_ \$60.00 will be charged to your account

\_\_\_\_\_ 50% prepay of your scheduled treatment will be due before re-scheduling

\_\_\_\_\_ Repeated, after 2 missed / cancelled appointments, you will only be able to schedule a same day appointment. If no appointments are available on the day you call, you will be placed on a cancellation list.

### **Patient Financial Responsibility Policy**

You are responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for deductibles, co-payments, co-insurance amounts or any other patient responsibility indicated by your insurance carrier or our Policies, which are not otherwise covered by supplemental insurance.

\_\_\_\_\_ INSURANCE

- You are responsible for knowing your insurance policy. We bill your insurance as a courtesy; we DO NOT have a direct relationship with your insurance.
- Your insurance plan determines whether the services you receive at ASK Dental Care is or is not necessary and/or is covered or not covered by your insurance plan.
- If your insurance plan coverage has lapsed or expired at the time you receive services at ASK Dental Care; or, you have chosen not to use your health plan coverage, you WILL BE responsible for your treatment.

\_\_\_\_\_ PAYMENT

- 100% of payment will be due at the time of treatment for the treatment rendered.
- 100% of remaining balance for Crowns, Veneers, Implants, Dentures, Partial, Mouth Guards, Orthodontic Appliances, and/or all fitting of artificial replacements for teeth and other parts of the mouth must be paid before the final delivery/seating.

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**Patient Printed Name**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**