

Robert E. Tanner, D.D.S. Office and Financial Policy

We appreciate the opportunity to serve you! We've found that a clear understanding of our financial and office policies in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following carefully and ask us any questions you might have. We will do our best to answer them for you.

- **Patients without insurance coverage need to know...**
The fee for the treatment rendered must be paid in full on the day of service.
- **Patients with insurance coverage need to know...**
The estimated patient portion and deductible for the treatment rendered must be paid in full on the day of service. Insurance estimates are NOT a guarantee of payment by the insurance company. Please understand that you are ultimately responsible for all fees generated by your treatment.
- **We accept Visa, MasterCard, Discover, checks and cash for payment of the amount due.** If you need long-term financing we have contracted with Care Credit to assist you. It is simple and easy to apply at Carecredit.com.
- **A finance charge will be imposed on each item of your account** which has not been paid within ninety (90) days of the service date. The FINANCE CHARGE will be computed at the rate of (1.0%) per month or an ANNUAL PERCENTAGE RATE of twelve (12%) percent. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred, including legal fees.
- **Returned checks:** There is a fee of \$25 for any checks returned by the bank.
- **Two business days are required for cancelling or rescheduling appointments.** Dr. Tanner reserves your appointment time exclusively for you. For cancellation we require 48 hours advanced notice. There is a **\$100 fee** for cancelling less than 2 business days before your appointed time (note our business days are Monday through Thursday). We ask that you do not cancel or request a change to your appointment via email. We may not see it in a timely manner due to our email set to a high security setting.
- **Separated & divorced couples with dependent children:** It is our policy to bill the parent that brings the children in for their dental treatment. Please make arrangements for payment from an ex-spouse before dental treatment is required. We can provide a treatment cost estimate before your scheduled appointment.

We thank you for the opportunity to serve your dental health care needs and welcome any questions you may have concerning your care or our policies. *Significant costs are incurred in carrying our patients' accounts. To control these costs and help keep fees down, it is necessary to adhere to these policies.*

Signature (Patient or responsible party)

Date

Print Name: _____