

**Advanced Dental Health Center
Clayton C. Cummings, D.D.S.**

We are dedicated to providing you with the very best dental care and service, as a result, your understanding of our office policy is an essential element of your care and treatment. If you have any questions, please feel free to discuss them with our office staff.

Appointments

Our policy allows us to schedule appointments for our patients, with respect for your time, the next patient's time, and the doctor and hygienist's time. **Failure to let us know of your cancellation 48 hours in advance will result in a charge of \$100.** We also request that you be on time for your visits. If you are more than 10 minutes late, you may have to reschedule your appointment, while also incurring the \$100 late cancellation fee.

Initials

Group or Individual Dental Insurance

Treatment recommendations are based on your health not on your insurance or lack thereof. If you have dental insurance it is your responsibility to KNOW YOUR BENEFITS AND LIMITATIONS and to provide us with complete and accurate information to file your claims. Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We cannot be certain of what your insurance covers. The amount they pay varies from one policy to another. As a courtesy to you, our office will call to verify benefits; however, the benefits quoted to us by your insurance company are not a guarantee of payment. **It is to be understood and agreed that any services rendered are charges to you directly and you are personally responsible for payment of any non-covered services, downgrades, deductibles, or co-payments.** As a convenience to you we will file your insurance and you will be billed for any balance that remains after insurance has paid. If we have not received payment on a claim after 60 days, the entire balance of that claim is due immediately from the patient. If your insurance company later pays, we will refund your payment.

Secondary insurance claims will be filed as a courtesy. Benefits will not be verified. The portion owed for each visit will reflect the primary insurance only. Additional discounts are not applicable for in-network insurance plans and coupons.

Initials

Financial

Payment is due when services are rendered. For your convenience, we accept cash, checks and credit cards. **For major procedures we collect 50% of your estimated patient portion to reserve an appointment time with Dr. Cummings, then the remaining balance when services are rendered.** Payment plan options are available through CareCredit and LendingClub. Any account over 90 days old will be assessed a finance charge of 1.5% of the unpaid balance. **You, the patient, agree to pay for reasonable attorney's fees, court costs and costs of collection on overdue accounts. There will also be a \$35 charge for any returned check.**

Initials

I have read and understand ADHC's Office Policy and I agree to be bound by its terms. I am aware that I will be charged for missed appointments, and I agree to these terms.

(PATIENT OR GUARDIAN SIGNATURE)

(PATIENT'S PRINTED NAME)

(DATE)

(STAFF SIGNATURE)