C

CLINTON FAMILY DENTAL

## PAYMENT, CANCELLATION AND NO-SHOW POLICIES

Our practice firmly believes that great relationships are built on excellent communication as well as mutual respect and trust. As such, we have outlined our policies on payment and scheduling below.

## **PAYMENT POLICY:**

Payment is always due at time of service for any balances not expected to be reimbursed by insurance. If after insurance reimbursement, you are left with a balance, we will contact you to collect payment.

Ultimately, payment in full is your responsibility, regardless of insurance. As a courtesy for patients in good financial standing, we do allow balances to be carried for the amounts expected to be covered by insurance.

If a balance on your account goes unpaid despite reasonable efforts to collect, your account may be changed to pay prior, which requires you to pay in full prior to scheduling any appointments, regardless of insurance.

## CANCELLATION AND NO-SHOW POLICY:

We kindly ask that if you must cancel your appointment, please provide ample notice (at least 48 hours). This will make it possible for another patient who is waiting for an appointment to be scheduled in that appointment time.

Generally, we do not charge fees for broken appointments. We understand that on rare occasions, situations can arise that make it impossible to avoid a broken appointment. However, if you have a history of several broken appointments in a short time frame, your account may be changed to "deposit required", which means that a deposit will be necessary prior to scheduling any appointments.

Thank you for your understanding and for your trust in us to care for you. We are truly honored to serve you.

If you have any questions at all, please feel free to ask us at any time. We are here to help.

Sincerely,

**Clinton Family Dental** 

CLINTON FAMILY DENTAL 321 ILLINI DRIVE CLINTON, IL 61727

PHONE: 217.935.5397 FAX: 217.935.4769 EMAIL: CLINTONFAMILYDENTAL321@GMAIL.COM WEBSITE: WWW.CLINTON-DENTIST.COM