



Kenneth M. Schweizer, DDS, PA

OUR FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are fully committed to the successful conclusion of your prescribed dental treatment. Please understand that payment for services rendered is considered an integral part of your treatment. The following is a statement of our Financial Policy, which should be read carefully by you and signed prior to any treatment.

**FULL PAYMENT IS DUE AT TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, OR VISA, MASTERCARD AND DISCOVER.**

Regarding Insurance:

We will verify your insurance coverage upon your arrival in our office. If we are unable to obtain verification of benefits while you are with us, you may be required to pay in full for that visit. It is also possible that insurance may cover less than we estimate. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance program. . It should be recognized that any balance is your responsibility whether your insurance company pays or not.

Missed Appointments:

I hereby acknowledge that I will be charged a fee of \$25 for late or missed appointments. An appointment is considered late if the patient arrives more than 15 minutes after the scheduled visit time. A missed appointment charge also occurs when the patient fails to notify this office of cancellation less than 24 hours prior to scheduled visit.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have fully read, understand and hereby agree to the policies stated above.

X _____ Signature _____ Date