



APPOINTMENT AND FINANCIAL POLICY

Appointment Policy

We understand that your time is valuable, as is ours. Dr. Tuttle and our team reserve time in their schedules just for you. Therefore, we require a 48-hour notice of cancellation for all appointments. Due to the number of last minute cancellations and no show for appointments, a fee of \$50.00 will be applied to each appointment time missed. It is the patient's responsibility to be aware of his or her scheduled appointments. If the correct information is provided, a reminder call, text, and email will be sent to you as a courtesy.

Financial Policy

- **Payment** – Payment is due at the time services are rendered, unless financial arrangements have been made. We accept cash, check, Visa, and Mastercard.
- **Insurance Filing** – As a courtesy, we will file claims for our patients. It is the patient's responsibility to know and understand their insurance benefits. It is the patient's responsibility to provide us with the correct insurance information including a dental insurance card if provided by your carrier. It is your responsibility to notify us prior to your appointment of any changes with your insurance. It is also the patient's responsibility to follow up with any unpaid claims. The guarantor/patient is responsible for any unpaid balances. We do not guarantee insurance benefits.
- **Statements** – You will receive statements from our office. If you are not able to clear your balance in 30 days from the date of service, an arrangement will need to be made with our business manager to pay the balance. Those patients whose insurance carriers take an inordinate amount of time to settle a claim will be required to make monthly payments until the insurance pays. Once insurance pays, any credits on the account can either be applied to future treatment or simply reimburse you. Accounts not paid or maintained on a current basis after 90 days will be subjected to collection action.
- **Collection Accounts** – Any account past due will be subjected to a finance charge of 18% annum added to the bill. If your account becomes delinquent, it may be forwarded to an outside collection agency without notice. If this happens, you will be responsible for all cost of collection, including but not limited to interest, rebilling fees, court costs, attorney fees, and collection agency costs.

Assignment of Benefits

I hereby authorize payment directly to Brian Tuttle, DDS. I agree to be personally and fully responsible for payment. This instruction to you is an assignment of my rights under my dental/medical coverage and therefore acts as a "signature on file" for all billing and insurance purposes. I state and agree that a photo static copy of this document shall be considered as effective and valid as the original for all parts of this contract.

Signature _____

Date _____