



FINANCIAL AND FAILED APPOINTMENT POLICY
Please read the following and complete the requested information.

FINANCIAL POLICY

At Dental Park all payments are due on the date of service. Dental Park accepts cash, personal check, Mastercard, Visa, Discover and CareCredit. No discounts can be applied with the use of CareCredit. Discounts cannot be combined. All discounts and offers are a courtesy of Dental Park and are not guaranteed.

Dental Park works with your insurance, not for your insurance, to get the best coverage and benefits for your treatment. However, any balance unpaid by insurance is the responsibility of the patient. All same day payments are an estimate of what insurance may cover. Any balance following insurance payment will be due upon receipt. Failure to remit payment upon receipt will result in finance charges applied to the family account each month, until payment due is made in full.

Please note that any remaining credits on accounts are subject to forfeiture in the event that patient status becomes inactive.

Dental Park Discounts:

- A pre-payment discount of 7% if payment is made at least 3 business days prior to scheduled treatment.
- A same day discount of 5% when payment is made in full on date of service.
- A senior discount (62 and over) of 10% when payment is made in full on date of service.

FAILED APPOINTMENT POLICY

A failed appointment is a no show or cancellation within 24 hours of scheduled appointment.

After 3 failed appointments within a 2-year period, patient must apply a \$100.00 deposit to schedule any future appointments. This \$100.00 is to be applied as a payment for the scheduled appointment.

If the appointment is failed, the patient forfeits the deposit to Dental Park and may only schedule same day appointments with a \$100.00 deposit to be used toward scheduled treatment for all future appointments.

Dental Park extends every courtesy possible to our patients to remind them of scheduled appointments. This includes the use of automatic text messages and phone calls from our staff. In providing us your phone number you agree to receive pre-recorded/artificial voice messages calls and/or use of an automatic dialing device, text messages and/or emails from Dental Park, our partners, subcontractors, or any and all other companies that we may have to transfer your account to at any telephone number or email address that you have provided us or that we have otherwise obtained, which could result in charges to you. We may place such calls, texts or emails to (i) notify you regarding upcoming appointments; (ii) notify you of results; (iii) troubleshoot problems with your account (iv) resolve a dispute; (v) collect a debt; or (vi) as otherwise necessary to service your account or enforce this admissions agreement, our policies, applicable law, or any other agreement we may have with you.

I accept the responsibility for the charges incurred by the patient and agree to pay bills at the time of service unless other arrangements are made. I authorize my insurance carrier to pay insurance claims directly to Dental Park. I further understand my insurance carrier may pay less than the actual bill for services and that any charges for services are ultimately my responsibility.

Patient Name: _____ Date of Birth: _____

Signature _____ Date _____
Representative/Guardian (if applicable) _____ Relationship: _____