

## Finance and Appointment Policies

### Fees

Before any dental treatment begins, we review the fees for your next appointment. We attempt to keep our fees at a fair level that reflects the quality of care provided by our office. Prompt payment will enable us to keep our fees lower for everyone; **payment is due at the time services are rendered.** All fees quoted in a treatment plan will be honored for 3 months from the date presented. **The patient or legal guardian of the patient (and not insurance) is responsible for all payments for all services rendered.**

**\*PLEASE NOTE\*** Divorced Parents: The parent who is present with the patient at the time of appointment will be considered the “financially responsible party” and will be accountable for all fees incurred, unless otherwise arranged in advance in writing.

Minors transitioning to Adults: Any person 18 or older is legally considered an adult. Therefore, the financial responsibility for anyone 18 or older is legally the responsibility of that person, unless prearranged in writing that a parent will be responsible for payment.

We accept cash, check, Visa, MasterCard and Discover. We also offer financing through Care Credit with no interest plans up to 12 months or longer payment terms with competitive interest rates.

### Insurance

Forest Acres Dentistry is not “in-network” with any insurance provider; we are considered a fee-for-service practice. However, we will file your insurance claim and require you to pay your estimated portion as services are rendered. **Please remember that the contract is between you and your insurance company, and your total balance due in our office is always your responsibility.** We make every effort to give you an accurate estimate of what your portion of our fees will be based on information provided to us. We also make every effort to collect payment from your insurance company for services rendered. However, we have no way to guarantee the actual terms of your insurance policy. **If for any reason there is a balance remaining after your insurance company’s payment, you will be sent a statement.** Disputes regarding reimbursement are between you and your insurance carrier, but we will be happy to assist you as best we can.

### Appointments

Your appointment is a time we have reserved specifically for your dental treatment. If you are unable to keep your appointment, **we require 24 hour notice of the cancellation.** You may contact us after hours by leaving a voicemail at our office phone number (803-782-0965) or by e-mail at [info@forestacresdentistry.com](mailto:info@forestacresdentistry.com).

Inadequate notice will render the appointment broken, and we will issue a broken appointment fee. The first broken appointment is forgiven, the second initiates a \$50 fee, the third initiates a \$75 fee, at the fourth occurrence you will be released from the practice. These occurrences reset every 365 days.

**“I have read and understand the office guidelines regarding fees, insurance and broken appointments as state above.”**

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Signature of Patient or Parent/Guardian

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Date

If you are not the patient, please list your relationship to the patient: \_\_\_\_\_