

LEGACY RANCH DENTAL
FINANCIAL and CANCELLATION POLICY

Financial Policy:

We require payment in full for services rendered at the time of visit if you do not hold dental insurance that is a PPO or higher. We accept Cash, Visa, Discover, American Express, Master Card, and CareCredit.

As a courtesy, we will file all primary insurance for you as long as it is a PPO dental plan. We do not file secondary insurance and do not accept discount plans or HMO dental plans. It is your responsibility to present our office with your most current insurance card and information. Failure to do so may cause you to be responsible for the entire account balance.

Payment of services, applicable deductibles and co-payments are due at time of your visit. We will estimate the portion to be covered by your insurance and your financial obligation for each dental procedure. This is only an *estimate* until the claim is paid by your insurance. You are responsible for all amounts not covered by your insurance company.

First Pacific Corporation will inform you of any outstanding balances after we receive payment from your insurance with a statement and our office does expect payment within 30 days or we reserve the right to ask an outside collection agency to collect these fees that are your responsibility.

Cancellation Policy:

Please notify our front office staff of any appointment cancellations or rescheduled appointments at least 24 hours in advance. Please be aware that there is a **\$35 service fee** for all failed or cancelled appointments without a **24 hours notice**.

The purpose for this charge is that the appointment time scheduled with the dentist or hygienist was reserved for you. Out of consideration for another patient who may have needed that time, and in respect for the dentist who designated the time for you, this charge may be imposed.

We sincerely appreciate you respecting our cancellation policy.

I have read, understand, and agree to the above financial and cancellation policy.

Patient or Responsible Party

Date

Printed Name

Witness