Bow Family Dentistry
514 South St, Bow, NH 03304
(603) 224-3151
www.bowfamilydentistry.com/

FINANCIAL POLICY

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Thank you for choosing Bow Family Dentistry. Our goal is to provide exceptional dental services and products in a comfortable, caring manner. To serve you best, please READ and CONFIRM the following and sign at the bottom.

Appointment Reservations

It is our pleasure to reserve your appointment time in advance exclusively for you. We make every effort to be on time for our patients, and ask that you extend the same courtesy to us. Occasionally an emergency may occur and delay the doctor and hygienist. We DO feel that your time is as valuable as ours. If for any reason, you are not able to honor your reservation, we would appreciate you contact the office during OUR REGULAR business hours a minimum of 48 hours in advance, so we can carefully care for another guest. In cases of broken appointments in which adequate notice was not given, you will be charged for the allotted time or required to pre-pay in advance for your next appointment reservation. In cases of repeated broken appointments or short notice cancellations, you may be dismissed from our practice.

Payment of Services

You acknowledge that payment is due when services are rendered, and that patients/guardians are fully responsible for all fees incurred for treatment of their child. We offer 5% off if you prepay up to 1 week prior to the scheduled appointment and accept cash, checks, debit cards, Visa, MasterCard, Discover and American Express. We offer financing through Care Credit for those that qualify. All financial arrangements decisions must be made before your appointment. Unpaid balance over 90 days old will be subject to a monthly interest of 1.5% (APR 12%). If payment is delinquent, the patient will be responsible for payment of collection, attorneys fees, and court costs associated with the recovery of the monies due on the account.

Dental Benefits

Your policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract, so as a courtesy to you, we will gladly file your insurance claims post-treatment to your carrier. You are responsible for our fees and not what your insurance company allows or considers "usual, customary, and reasonable," all of which can vary from one company to another. Although we may estimate your insurance benefits, we are not responsible for their final decisions. Knowledge of benefits as well as amounts, limitations, exclusions, waiting periods, etc., is your responsibility. We will assist in that understanding as we can. Receiving services indicates your acceptance of account responsibility.

Returned Checks and Unpaid Balances

There will be a charge of $25 for any returned checks. In the case it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges.

Missed Appointment

Missed appointments without a 48-hour notice may be subject to a cancellation fee of $75-$100.

If at any time you have questions regarding any treatment, fee or service, please discuss them with us promptly and frankly. We will make every effort to avoid any misunderstandings. Thank you for your cooperation.

Patient's signature: Date:

Payment Responsibility	