ROBINSON
FAMILY DENTAL

OFFICE POLICIES AND PAYMENT OPTIONS

Our office is committed to providing you with the best possible dental care. The following information is provided to you so that you may understand our office and payment policies

Please read the following information and sign below:

MISSED APPOINTMENTS:
Our office requires a 24 hour notice to cancel an appointment. There will be a $50 no-show or cancellation fee for a missed appointment. If you must cancel after business hours, please leave a message on our office voicemail or text the office to avoid the missed appointment fee.

EMERGENCIES:
If an emergency should arise after hours, it is beneficial for you to call the office and follow the voicemail prompts to leave your name, phone number, and nature of your emergency so that a member of our staff can contact you as soon as possible.

FINANCIAL POLICIES:
Payment is due at the time of service. As a courtesy to our patients, we will file your insurance on your behalf at the end of each dental visit. The portion that your insurance does not pay or your annual deductible is your responsibility. Please understand that your insurance is a contract between you and your insurance company. Parents accompanying children are responsible for all financial arrangements.
Our office accepts cash, check, credit cards, debit cards, HSA, and FSA plans. If choosing to pay by credit card, there will be a 3% surcharge. To avoid this surcharge you can pay by other payment options listed. If you need payment plans, please see a staff member about applying for financing (Sunbit).

COLLECTION FEES/ATTORNEY FEES/COURT COST:
It is the desire of this office to not place an account in collections with a collection agency or attorney for collection of any unpaid balances a patient may have incurred. In the event that my dental account is placed with a collection agency due to non-payment I hereby agree to pay the unpaid balance, collection agency fees, and attorney fees for collection of the unpaid balance.

I have read and I understand the policies of the office.

Signature: _____
Date: _____

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