

Scott Bonin, DDS

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Windsor CA 95492
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OUR OFFICE POLICY

We are committed to providing you with excellent dental care and the highest level of customer service. In return, we ask that you read our Office Policy to understand the structure we have set up for the delivery and payment of your treatment.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment. Please initial the plan that works best for you.

If you DO NOT have dental benefits (choose one)

- 1. I would like to pay by cash or check at the time of service.
- 2. I would like to pay by credit card at the time of service.
- 3. I would like to apply for a payment plan so I may take up to three months to pay. *
- 4. I would like to apply for Care Credit Financing.

If you HAVE dental benefits (choose one)

- 1. I would like to pay my estimated portion by cash or check at the time of service.
- 2. I would like to pay my estimated portion by credit card at the time of service.
- 3. I would like to apply for a payment plan so I may take up to three months to pay. *
- 4. I would like to apply for Care Credit Financing.

*Service Charges: A finance charge of 2.00% per month (24% annual rate) will be applied to all accounts over 30 days past due, including balance out to insurance. We will charge \$25 for returned checks.

Collections Fees: Fees or legal costs incurred to collect payment will be billed to, and payable by, the patient.

Cancellations and Rescheduling:

Cancellations and Rescheduling: If you need to cancel or reschedule an appointment, kindly notify us 48 hours in advance to allow another patient the opportunity to see the doctor at that time.

IF FAILED TO GIVE A 48 HOUR NOTICE, THERE WILL BE A \$55.00 CHARGE ADDED TO YOUR ACCOUNT.

I have reviewed and understand the provisions of this Policy.

RESPONSIBLE PARTY SIGNATURE: _____ Date: _____