
Financial and Practice Policies

At CDG, our mission is to provide quality dentistry and exceptional customer service to all our patients. In order to assure that we continue to be able to provide the highest level of service, we want you to be informed of our policies.

Please read and initial each of the policies listed below to indicate your understanding and agreement and then sign and date where indicated.

Insurance and Billing

As a courtesy to our patients with dental coverage, we here at CDG use the best information available to gather specifics about your plan coverage. We use this information to generate an estimate of your financial investment in your dental health.

Please read and initial each item below:

_____ I understand that my dentist diagnoses treatment solely based upon my individual needs and does not consider what a dental plan may or may not cover.

_____ I understand that comprehension of my dental coverage including all frequency limitations, waiting periods, exclusions, maximums etc. is solely my responsibility and that estimates provided by CDG or its representatives are in no way a guarantee of payment.

_____ I understand that the total cost of all treatment provided is my responsibility regardless of potential payments by a dental plan implied or estimated by any representative of CDG.

_____ I understand that payment of my estimated investment for services is due in full on the date that services are rendered.

_____ I understand and agree to pay any and all finance charges and collection costs, up to the limit allowed by law, associated with the nonpayment of charges for services rendered either by me or my dental plan. Finance charges will begin to accrue 90 days following the date of service.

Cancellation/Rescheduling of Appointments:

We understand that from time to time situations may arise that will require you to reschedule your reservation with our office. We will strive to accommodate that as efficiently as we can. As a courtesy to our other patients and the doctor or hygienist providing treatment, we respectfully request 48 business hours' notice and require 24 business hours' notice when cancelling or rescheduling. If an emergency arises and you must cancel closer to your appointment, please call the office directly. If you fail to attend or cancel a reservation outside the 48-hour window you may be assessed a fee of up to 150.00 per appointment hour reserved for you.

Printed Name: _____

Signature: _____

Date: _____