



Welcome to Eissens Dentistry! We are committed to providing you the best treatment possible and are dedicated to ensure that your overall experience with us is successful and pleasurable. To enable us to best serve all of our patients, please review the following policies.

Appointment Policy

When an appointment is established for you, we are reserving the doctor's and our staff's time for you to receive the quality of care and treatment that you need. Having ALL patients arrive on time enables us to better serve you and other patients. We encourage patients to reschedule their appointment within 24 hours notice when possible. Patients who cancel their appointment with less than 24 hours notice or "no show" will incur a \$50 broken appointment fee. Three "no shows" may result in dismissal from the practice.

Financial Policy

You will be responsible for payment of all services provided to you, your dependents, or others for whom you are responsible. Unless insurance is available or payment is otherwise pre-arranged, payment is due in full at the time of treatment. If treatment is terminated or suspended prior to your treatment being completed, any fees for services already provided shall become due and payable immediately. If the account is not paid as agreed upon and is turned over to collections, you agree that an additional fee will be added to your account balance to cover the costs of collection. Returned checks shall incur a \$25 return check charge and the patient will no longer be able to pay with a personal check.

We can offer a monthly payment plan through Care Credit. Please let us know if you are interested in using this service. For comprehensive treatment plans requiring multiple hours of treatment, we require a minimum deposit of 50% of the total fee when reserving the appointment.

Insurance Policy

If you have dental insurance, please provide the necessary requested insurance information to our staff in advance of your appointment. Not doing so may cause you to be required to pay in full for treatment at the beginning of your appointment. As a professional courtesy, we will attempt to verify your insurance benefits before your appointment and file your insurance claim for you upon completion of treatment. You understand that our practice's fees may differ from those fees allowed by your insurance carrier; therefore, you are ultimately responsible for the full amount of treatment should your insurance company not pay the claim. All insurance claims filed on your behalf that remain unpaid after 60 days of filing shall become your immediate responsibility to pay.

Thank you for your understanding of our policies. If you have questions, do not hesitate to ask us. We are here to assist you.

Patient/Responsible Party Signature: _____ Date: _____