

**ADVANCED DENTAL CONCEPTS P.C.
Peter Lazarchuk D.D.S. – John laquinta D.D.S.
42450 W. Twelve Mile Road, Suite 200
Novi, MI 48377
(248) 348-8808
Fax: (248) 348-2133**

WELCOME TO OUR OFFICE

To avoid any misunderstandings we would like to inform you of some of our policies. Please read the information below and sign the bottom of the form. Thank You.

FINANCIAL POLICIES

Fees are due and payable at the time services are rendered. For your convenience, we accept cash, personal checks, Mastercard, Visa, American Express, and Discover Cards. For major services payment arrangements can be set up through CareCredit prior to services being rendered. There will be a \$4.00 statement charge on any unpaid balances after the first statement. If your account becomes delinquent beyond 30 days, you may be responsible for any costs incurred to collect on the account.

We realize that many families are in a state of change. Divorced, separated, single parent and blended families are now common. The policy in our office, is the parent who requests treatment for the child is responsible for all fees incurred.

FOR PATIENTS WITH DENTAL INSURANCE

Ultimately, you are responsible for your account. As a courtesy to our patients, we will file your insurance claims. An insurance policy is a contract between insurance carrier and employer. They determine the benefits you receive. We will estimate your copay and expect you to pay the copay at the time of service. If there is any amount your insurance does not cover or if the claim is denied, you will be responsible for that amount. We urge you to be fully informed of the insurance benefits available to you through your employer.

APPOINTMENT POLICIES

If it is necessary for you to reschedule or cancel your appointment we require a 24 hour notice. There will be a \$65.00 charge for a failed or cancelled appointment if not notified 24 hours prior to the scheduled appointment. This fee may be waived in the event of an emergency. We do our best to keep on schedule and see you at your appointed time. On occasion because of an emergency patient we may run a few minutes behind, but this is rare. We ask that you show up on time for your appointments so that we can also keep on time for other patients. If you come late, we may need to reschedule your appointment. Please be on time.

Thank you for your cooperation.

I have read and understand the above

Signed: _____ Date: _____