



Hometown Family Dental

224 Lincoln Way E.
Massillon, OH 44646
330.833.8891

Cancellation/failed appointment policy:

One of our goals at Hometown Family Dental is to address our patients' needs in a timely manner. While we understand that illness, emergencies, flat tires, and bad weather do occur, we ask our patients to give us 24 hours' notice whenever possible if they cannot keep an appointment. This allows us time to fill our schedule with other patients who are waiting to be seen.

- Cancellation or rescheduling of an appointment with 24 hours or more notification will result in no charge.
- A failed appointment is an appointment that is cancelled or rescheduled without 24 hours' notice or an appointment where a patient does not show up. Failed appointments will result in a \$25 charge. This charge is not billable to insurance, so it is an out of pocket expense.
- If an emergency occurs and you know you will not be able to make it to your appointment, please call as soon as possible. We reserve the right to waive our failed appointment fee on a case by case basis.

Financial policy:

Payment is due at the time a service is provided. Our office accepts cash, personal checks, MasterCard, Visa, Discover, American Express and CareCredit.

- Additional fees will apply for any returned checks.
- If you need to set up a payment plan, please speak to one of the front office staff. We will do all that we can to make arrangements for you pay off your account balance in a reasonable time frame.
- For services that require multiple visits (crowns, night guards, dentures, etc.), we will ask for a down payment at the first date of service. The remaining balance will be collected when the service is complete.

Do you have insurance?

- As a courtesy to you, we will submit all of your insurance claims to your insurance company. We will also provide an insurance estimate to you; however, it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your specific plan benefits ultimately determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible.

- All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that, as your dental care provider, our relationship is with **you**, our patient, and not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment of the full fee charged, regardless of any insurance company's arbitrary determination of usual and customary rates.
- We will ask that you pay your deductible and co-payment, which is the estimated amount not covered by your insurance company at the same time we provide the service to you.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Please understand that this does not guarantee payment from your insurance company. Ultimately, you are responsible for the entire billable amount of services rendered.

We appreciate your understanding and consideration regarding our cancellation/failed appointment policy and our financial policy. If you have any questions or need clarity on any of the information above, a member of our office staff will gladly take your questions!

I have read and understand the cancellation and financial policies as explained above.

Name of patient (please print): _____

Signature of patient (or guardian): _____ Date: _____