



Financial Policy

Thank you for choosing NOVA Family Dental as your dental health care provider. It is our commitment to provide quality care to our patients and avoid misunderstandings. At this time, we would like to inform you of our office policy regarding payment for services rendered.

I understand the responsibility for payment of dental services provided in this office for myself and my dependents is mine. **All fees, including copayments and deductibles, are due on the day of service.** For your convenience we accept the following forms of payment: Cash, Check, Credit Card, and Care Credit.

Our office will bill your insurance company as a courtesy to you when provided with current insurance information. We will provide you with an estimate prior to any treatment being performed. This is just an estimate and the amount the insurance company pays may be different than what we have estimated. If for any reason your insurance does not pay the estimated amount, you will become responsible for the balance.

A service charge of 1.5% per month (19% per annum) will be added to the unpaid balance of all accounts not paid in full within 90 days of the treatment date.

Sometimes treatment may differ from the proposed treatment plan that you were given during the examination appointment. You will be informed of any of these unforeseen changes.

Missed or Canceled Appointment Policy

If you cannot come to your scheduled dental appointment, please call the office at least 48 hours prior to your appointment. This allows us to fill the time with another patient. **You will be charged a missed appointment fee of \$50.00 without 48 hours notice.**

*Please be on time for your appointment. If you are more than 15 minutes late your appointment will be treated as a missed appointment.

I have read and understand the policy above for NOVA Family Dental.

Patient/Guardian Signature: _____ Date: ____/____/____