Toland Dental

Office Policy & Financial Agreement

Welcome

Thank you for choosing Toland Dental for your dental care. We are committed to providing exceptional treatment while making every effort to keep our office policies clear and transparent. Please read the following information carefully. Your signature acknowledges that you understand and agree to these policies.

Financial Policy

Payment

Payment is due at the time services are rendered.

We accept:

- Cash
- Personal checks
- Visa, Mastercard, Discover, and American Express
- CareCredit
- Cherry Financing
- Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA)

Dental Insurance

As a courtesy, we will file your dental insurance claims on your behalf.

Please understand that your dental insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.

Although we strive to estimate your insurance benefits as accurately as possible:

- Insurance estimates are not guarantees of payment.
- Your insurance company makes the final determination of benefits.
- You are ultimately responsible for all charges incurred, regardless of insurance coverage.
- Any remaining balance after insurance payment is the patient's responsibility.

If your insurance has not paid within 60 days, the remaining balance may become your responsibility.

It is the patient's responsibility to:

- Provide current insurance information.
- Notify our office of any insurance changes.
- Understand their individual plan benefits, waiting periods, deductibles, annual maximums, and exclusions.

Missed Appointment & Cancellation Policy

We reserve appointment times specifically for each patient.

If you need to cancel or reschedule your appointment, we request at least **24 hours' notice**.

Appointments cancelled with less than 24 hours' notice or missed without notice (no-show) will be subject to a **$50 missed appointment fee**.

Repeated missed appointments or late cancellations may result in a deposit being required to schedule future appointments and may limit future scheduling privileges.

Late Arrivals

Patients arriving more than 15 minutes late may be asked to reschedule if there is not enough time remaining to complete the scheduled treatment.

Treatment Estimates

Treatment plans and financial estimates are based on the information available at the time they are prepared.

Changes in your oral health, insurance coverage, or treatment needs may result in changes to your treatment plan or fees.

Collections

Accounts with unpaid balances may be referred to a collection agency or attorney after reasonable collection efforts have been made.

The patient agrees to be responsible for any collection costs, attorney fees, court costs, and any applicable interest or collection fees permitted by law.

Returned Checks

A service fee of **$35** will be charged for any returned check.

Future payments may be required by cash, credit card, or certified funds.

Minors

A parent or legal guardian is responsible for payment of services provided to patients under the age of 18.

Records Requests

Patients may request copies of their dental records by completing a Records Release Authorization.

Reasonable processing time may be required before records are released.

Consent for Communication

By providing your phone number and email address, you authorize Toland Dental to contact you regarding:

- Appointment reminders
- Treatment recommendations
- Billing and account information
- Insurance matters

Communication may occur by phone, voicemail, text message, or email. Standard messaging and data rates may apply.

Patient Responsibility

I understand and agree that:

- I am responsible for payment of all dental services rendered.
- Insurance estimates are not guarantees of payment.

• Any balance not paid by my insurance is my responsibility.
• I have read and understand this Office Policy and Financial Agreement.
• I agree to comply with these policies.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Toland Dental

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