

Central Berks Dental Financial Office Policy

Welcome and thank you for choosing **Central Berks Dental Center**, for your dental care. We are committed to providing you with the highest quality dental care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area.

Payment in full is due at the time services are rendered. As a courtesy to our patients, we accept cash, personal check, money order, Visa, MasterCard, Discover, and American Express. Co-pays and deductibles will be billed **due upon receipt unless your co-pay and deductible is known at the time of service. Late fees and finance charges will apply to unpaid balances at 30 days.**

All non-covered services and charges are the patient's financial responsibility, and are **due in full at time of service.**

Our Office Hours are:

Monday, Tuesday: 8:00am – 6:00pm

Wednesday, Friday: 8:00am - 12:00pm

Thursday: 7:00am – 4:00pm

Appointments:

- Please arrive for your appointment 10 minutes early.
- If you are more than 15 minutes late for your appointment, you will need to reschedule your appointment.
- It is your responsibility to verify that you may utilize your dental insurance at our office, failure to confirm this may result in your being responsible for any and all charges.
- Please inform the receptionist of any demographic changes (phone number, address, insurance information, etc). Failure to notify us immediately of changes in demographic information, financial status and / or insurance coverage may result in you being responsible for any services not covered by your insurance carrier.

Missed or Cancelled Appointments and other fees:

- Excessive same day cancellations or numerous no show of appointments will result in \$35.00 fee for established patients or \$50.00 fee for new patients.
- **24 hour notice** is required to cancel or reschedule all appointments. Failure to do so will result in either \$35.00 fee for established patients or \$50.00 fee for new patients.
- There will be a fee of \$25.00 for any returned checks to our office.
- All balances are due prior to any further services provided by our office.
- Late fees are \$15.00 and Finance Charge is 1.5% per month.

Keeping a credit card on file:

With a signed authorization form we can keep credit card number on file to be used for any unpaid balances. Keeping credit card information will **ONLY** be done at the patients request; otherwise, our office shreds the information. Credit card info is kept in a secured lock box.

Payment Plans:

Our office will work out payment plans for balances over \$300.00 with a credit card/debit card on file, and a completed credit card authorization form. Please contact our billing manager **JoAnn** to work out payment plan.

