

## 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: 8:00-3:00

Tuesday: 9:00-6:00

Alternating Wednesday's 8-12 Or 8-2

Thursday: 7:00am – 3:00pm

Friday: 8-12

### 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.