



### **Financial Policy Statement**

Thank you for choosing Cabana Family Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**Cabana Family Dental requires payment at the time your treatment begins.** Payment may be made by cash, check or credit card. We also offer an extended payment plan through an independent company, CareCredit.

**As a courtesy, we will file claims with your primary insurance provider.** We are happy to work with your insurance carrier to maximize your benefit and directly bill them for reimbursement for your treatment.

Cabana Family Dental charges a **\$30 returned check fee**.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

### **Confirmation and Need to Change Appointment Policy**

Appointment time is reserved for you and we faithfully try to respect your valuable time by seating you promptly so we ask that you are on time to your appointments.

**As long as we receive 48 hours notice of your need to change your appointment, there will be absolutely no charge.** Should we not hear from you at least **48 hours prior to your scheduled appointment**, there will be a **\$75 charge** for your missed appointment.

I certify that I have read both the *Financial Policy Statement* and *Confirmation and Need to Change Appointment Policy* and understand their content.

I understand that these policies apply both to myself and any other family members, minors or dependents.

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Patient (or patient's representative) signature

Date