

**Masters Family Dentistry  
191 Us 31 South, Suite #1  
Greenwood Indiana 46142  
317-881-2500 Office**

### **Office Policy and Payment Agreement**

This is an agreement between **Masters Family Dentistry**, as a creditor and the **Patient/Debtor** named on this form. Please take a few moments to review our office policies and inform us if you have any questions or concerns.

#### **PAYMENT**

Payment is due at the time services are rendered. You may choose to pay via cash, check, credit card, or Care Credit. A \$30.00 fee will be charged for a returned check.

If you have dental insurance we will file **primary insurance only** for you (unless otherwise stated by your insurance contract). However, you will be responsible for any co-pay and/or deductibles on the day that the treatment is performed. Insurance is a contract between you and your insurance company. We are not a party to this contract. We bill your insurance company as a courtesy to you. Although we may **estimate** what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and payments. If your insurance pays less than what we have expected you will receive a statement in the mail showing any charges to the account.

In the event that your account becomes delinquent by 60 days a finance charge of 1.5% will be applied to your account. Reasonable attorney fees, and other costs and charges necessary for the collection of any amount not paid when due, may also be charged.

#### **MISSED/FAILED APPOINTMENTS**

Patients who do not show up for appointments or cancel without 24 hours notice will be charged \$35.00 (thirty-five dollars) per hour the appointment was scheduled for. This fee must be paid before you or any family member is seen in our office again. Possible dismissal from the practice would be the result of three failed appointments. If you are running more than 10 minutes late we may ask you to reschedule your appointment.

#### **SAFETY AND INFECTION CONTROL**

Dr. Masters and his staff strive to meet government regulations concerning infection control and the safety of our patients therefore we have a few guide lines that need to be followed.

- No food and/or drink are allowed beyond the reception area.
- **During patient treatment, ONLY the patient being treated is allowed in the operatories.**
- Children under the age of 8 **cannot** be left unsupervised in the reception area.
- Cell phones and/or pagers are not to be left on in the operatories.
- Firearms and other weapons are prohibited in the office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Patient or Legal Guardian)