

Unique Dental Care, PLLC

“Let Us Brighten Your Smile”

Office Policies

- A \$40 NSF check fee will be charged for all returned checks
- All out of pocket estimates given are **estimates only!** Although, we try and give the most accurate estimate of insurance benefits possible, we will not know how your insurance will pay until we receive payment from them. If there is a balance on your account after insurance has paid, it will be owed by you.
- It is the patient’s responsibility to know their own insurance benefits. As a courtesy to our patients, we will be happy to verify any insurance and file any claims, but this does not guarantee payment.
- All deductibles, co-pays and patient portions will be **due on the date of service.**
- All Patients paying with cash **must pay prior to treatment.**
- We offer Care Credit as a payment option. If you have any interest or questions regarding this option, please inquire at the front desk.
- A 25% fee will be added to any account that is sent to a collection agency. This fee will then be owed by the patient.
- A \$25 fee will automatically bill to your account for missed appointments if you have not notified Unique Dental Care within 24 hours of your scheduled appointment .

I, _____, HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE POLICIES OF UNIQUE DENTAL CARE, PLLC.

Signature: _____ Date: _____

Witnessed by: _____ of Unique Dental Care, PLLC

Date: _____