



5131 S. Custer Rd., Ste 105
McKinney, TX 75070

P: 972-532-3635
F: 972-532-3960
www.CusterFamilyDental.com

Office & Insurance Policies

Thank you for choosing Custer Family Dental & Ortho + Kids. We appreciate the opportunity you have given us and look forward to working with you. The following information is provided for your benefit so that we may better serve you. Please read, initial and sign at the bottom of the form in the spaces provided. A copy will be given to you for your records upon request.

Payment is expected at the time services are rendered unless other arrangements have been established. Forms of payment include cash and all major credit & debit cards, including Visa, MasterCard, Discover, American Express and Care Credit. No temporary checks or out-of-state checks will be accepted. There will be a \$25 fee charged for returned checks.

Cancellations: If you must cancel your appointment, be sure to call us 24 hours before your scheduled appointment. If you fail to notify us, a \$75 fee will be assessed to your account.

Appointment Time: We ask that our patients arrive on time for their appointments. We do reserve a specific time for each patient, so those arriving more than 15 minutes late may be rescheduled.

Insurance: If you have dental coverage on your insurance plan, we will gladly file your claims; however, you are ultimately responsible for the cost of treatment for services rendered in office. Any deductible and/or co-pay that you are responsible for is due at time of service, as well as any amount not covered by your insurance. If your insurance can not be verified for whatever reason, you will be responsible for full payment at time of service.

Safety: Due to safety and liability concerns, it is strongly recommended that only the patient being treated are allowed in the treatment rooms. Feel free to bring someone to watch small children in the waiting area or make arrangements for a sitter.

Patient Information: You are expected to provide us with any changes regarding address, phone numbers, insurance status and change in health status, including any new medication you are/have been taking, as soon as possible.

Collection Agency: All overdue accounts remaining unpaid after 90 days will be sent to our collections agency. Our office reserves the right to transfer all patient's delinquent accounts to a collection agency. Multiple attempts will be made to collect prior account submission to our collections agency.

Non-Compliance: We reserve the right to discontinue your care with our office for non-compliance of any of the above policies.

I, the patient, parent, and/or legal guardian agree to the above policies and agree to the terms regarding payment and

Patient Name:

DOB:

Patient, Parent or Legal Guardian Name:

Date:

Patient or Guardian Signature