# Raber Dental, Inc. Policies

### Payment at the time of service

In order to keep costs down for all patients, we are a fee-for-service office. You are responsible for payment in full at the time of treatment. If you have dental insurance, we will be glad to file claims with your insurance carrier. Coverage amount is a contract between you and your insurance company. As a courtesy, we can pre-authorize treatment with your insurance. It is, however, your responsibility to pay for any balance. *By signing below, you are authorizing us to communicate necessary information to your insurance provider*.

#### **Financing**

Financing options through Care Credit are available for larger treatment plans.

## **Cancellation and Broken Appointments Policy**

As a courtesy, we will send appointment reminders by phone, e-mail or text. However, since we may not always be able to reach you, keeping track of your appointments is your responsibility.

In order to keep costs down for all patients, any failed appointment or any cancellation made with less than 24 hours' notice will be subject to a \$30 charge per person. For example, if a family of four is scheduled but only three people come, there will be a \$30 charge for that fourth person if they did not call the previous day to cancel. Monday appointments must be cancelled by Friday morning. Higher fees may apply for certain types of appointments. If this is the case, you will be notified ahead of time.

#### **Photography**

To provide you with quality care, we often take pictures to monitor treatment, to communicate with laboratories, specialists, and to file with your insurance. Photos of your teeth may be used for educational, informational, or promotional purposes. You shall not be identified.

Print Name	Signature	Date (M/D/Y)
Health Insu	rance Portability and Acco	untability Act (HIPAA)
"I have received r	notice of the privacy practices for	the office of Raber Dental, Inc."
Print Name	Signature	Date (M/D/Y)