

ENVISION DENTAL POLICIES

MISSED APPOINTMENT POLICY

We may charge to your account fees for a missed appointment or fees for an appointment cancelled without advance notice of at least a full 24 hours. Cancellations are not accepted over the weekend or by leaving a message on our office voicemail.

1st missed appointment – You will be sent a warning letter.




2nd missed appointment – You will be charged a \$25 fee (per hour of appointment time).

3rd missed appointment – You will be placed on the VIP status. OR You will be required to pre-pay for your appointment. If the appointment is still missed, a percentage of the fee will be non-refundable. (Paid by cash or credit)

4th missed appointment – Release from the practice.

FINANCIAL POLICY – Payment plans are offered ONLY through Care Credit or Springstone

Dental treatment is an excellent investment in an individual's physical and psychological well-being. Financial considerations should not restrict this important health service. We are confident that our fees reflect the overall quality of care and service that we provide in our practice, as well as the time that the doctor spends with each patient. However, we also understand that people have different needs in fulfilling their financial obligations. For this reason, we provide the following payment options:

- **Pre-paid Payment Plan**
 - Patient pays our office in advance for their treatment, and we run a credit on the account.
 - As soon as payments equal entire amount due for treatment, treatment begins.
- **Springstone Financial Payment Options** 
 - 6 and 12 month options are available on qualifying treatment.
- **Care Credit Payment Options** 
 - 6 and 12 month options are available on qualifying treatment.
- **We accept:** Visa, Mastercard, American Express, Discover 

LATE PAYMENT POLICY: If we do not receive payment in full within 30 days of your statement date, you will be assessed a "Late Payment Fee" of 10% of your unpaid balance each month. We may not allow further appointments unless our office receives payment in full.

RETURNED PAYMENT FEE: If a check or other form of payment is declined or returned as non-sufficient funds, you will be charged a "Returned Payment fee" of \$40.00 and we will only accept cash payment for future services.

COLLECTION COSTS: IF we do not receive payment under the terms of this Financial Policy and we refer your account to a collection agency or an attorney for collection, we may charge to your account or otherwise collect from your collection costs, including court costs and reasonable attorney's fees to the extent not prohibited by applicable law.

CREDIT REPORT: We or a collection agency or attorney acting on Envision Dental's behalf, may report late payments or other defaults on your account to credit reporting agencies. If you believe that we have information about you that is inaccurate or that we have reported or may report to a credit reporting agency

As used in this Financial Policy, "we," "us," "our" and "provider" means the service provider named above. "Services" means any services provided by us. "You," "Your" and "account holder" means the person responsible for paying services. **Payment for services are rendered unless as noted otherwise above.**

By signing below, you are requesting that we establish an open account for you (your account) as an accommodation to you for the tracking and payment of amounts due and you agree to the terms of this Financial Policy.

Patient Signature

Date