



Joseph A. Laudie, DDS
comfortable, comprehensive care for all ages

FINANCIAL POLICIES

1. There is a cancellation policy which requires 24 hours notice prior to the appointment time otherwise a \$35.00 charge will be added to your account.
2. Please remember that you are responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that your insurance requires or does not cover.
3. Please understand that if you begin major treatment that involves lab work, you will be responsible for the fee at that time.
4. We will make an effort to help you keep you account in good standing but If sent to collections, you agree to pay all related fees and court costs.
5. Every effort will be made to help me with my insurance, but if they do not pay as expected, you will still be responsible.
6. If your account is 90 days past due finance charges of 1.5% per month (18% APR) will start to accrue.
7. Sometimes it is necessary for treatment plans to change, and you will be responsible for the work that is actually done.
8. I hereby authorize payment directly to the Dental Office of the group insurance benefits otherwise payable to me.
9. For my convenience, this office may release my information to my insurance company, and receive payment directly from them.

Thank you in advance for understanding that even though these policies were already common knowledge our need to reiterate them for all of our new patients we are welcoming to the practice.

Signature

Date