

**Dr. Keith Wing, Dr. Matthew Mack, Dr. Christopher R. Smith
1420 Dickerson St.
Newark, Ohio 43055**

CANCELLATION OF APPOINTMENTS:

A 24 hour notice is required when canceling appointments. This allows us to offer appointments times to emergency patients that may need to be seen in a moment's notice.

FINANCIAL OPTIONS:

Payment/co-payment is expected at the time of service.

Any account balance that is in default is subject to a monthly interest fee of 1% per month and a \$5.00 per monthly rebilling fee.

Any balance incurred for children that don't reside with both biological parents will be expected to be paid by the parent bringing the child in for dental treatment. If a court order is in place stating the other parent is responsible, we require a copy of that order prior to billing the absent parent. Double billing will not occur if each parent is responsible for a percentage. The parent bringing the child in for dental treatment will be responsible for copying and billing the absent parent.

If you have dental insurance, your insurance is a contract between you/the policy holder and your dental carrier. You/the policy holder are financially responsible for any treatment that your dental carrier may not pay for. As a courtesy, we only ask that you pay your estimated, after insurance co-payment, while we bill your insurance carrier for their payment portion.

Please put name beside appropriate line

Patient:

Parent:

Guardian:

By signing below, I agree to and understand the above policies

A copy of this signed document is available upon request
