

Moore Dentistry – Financial Policy

We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible. Also, we understand the financial limitations that influence your choice of care. We want to assure you of our flexible approach to financing.

We work with all insurance companies and always try to maximize your coverage through meticulous detailing of procedures and interaction with your insurer. We even fill out your claim forms and we're available to answer any questions we can.

Please remember, however, that **you are responsible** for the portion of your treatment not covered by insurance. Because we, too, must balance our finances, we do ask that you **pay your portion of the bill at the time of treatment**. We accept VISA, MasterCard, Discover and personal checks.

As a service to our patients we offer Care Credit which provides the availability to pay monthly. The office takes on the responsibility of the interest and we offer up to 18 months no interest when you meet certain criteria. Please feel free to ask for additional information on this great option.

We hope that you find this information useful. Rest assured that we are here to help make quality dental care obtainable for all. We look forward to working with you to achieve excellent dental health.

Moore Dentistry – Cancellation Policy

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be cancelled at least 24 hours in advance.

Our doctors & hygienists want to be available for your needs and the needs of all our patients. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen. Although we have always had a cancellation policy, circumstances have caused us to enforce a policy of charging for no-show appointments, and those appointments not cancelled within 24 hours. As of January 1, 2011 there will be a fee of \$25.00 assessed if we do not receive a call to cancel an appointment.

Thank you for being a valued patient and for your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused appointments to better serve the needs of all patients.

Signature _____ Date _____