

APPOINTMENT POLICY

When you make an appointment with our office, we consider this a mutual commitment and reserve appropriate facilities and staff exclusively for you. Our office policy states that patients must give us 1 business day or 24 hour notice if they cannot keep an appointment. Appointment changes with less than 1 day notice are subject to a service fee based on the number of staff members and the amount of time that was reserved for you.

Financial Policy

Payment in full is due the day of treatment, or on upon the start of major treatment. Should a patient have dental insurance with assignment to Dr. Stephen Tannis, the estimated patient portion will be the amount due.

Payment Options

1. For your convenience we accept Cash, Debit, Visa and MasterCard.
2. We also offer short-term financing options but interest charges will apply. All arrangements must be made in advance and are subject to an approval process.

For Patients with Dental Insurance

Dental Insurance plans often pay less than the actual fee for service. Therefore, the patient or Guarantor is the responsible party for all dental services provided. Dental Insurance in most cases is a benefit with limitations and should not be expected to take care of all costs. You are ultimately responsible for all costs incurred regardless of what your dental insurance covers!

Finance Charge and Fees

- Balances in excess of 30 days are subject to a finance charge of 2% per month (24% per annum).
- Returned checks are subject to a \$25 accounting fee.

AUTHORIZATION AND CONSENT

General Consent to Treatment

I agree and consent to a dental examination by Dr. Stephen Tannis, Oakwood Village Dental. I understand that additional diagnostic procedures and dental treatments may be recommended and will be discussed with me prior to being done. Also, I acknowledge that there are no guarantees expressed or implied as to the results of any procedures or dental treatment performed.

Release of Information

I authorize Oakwood Village Dental to release any information regarding my dental/medical history, diagnosis or treatment to third party payers and/or other health professionals.

Assignment of Insurance Benefits

I authorize and request my insurance company to pay my benefits directly to Dr. Stephen Tannis.

- I understand and comply with office Appointment Policy.
- I understand and comply with the office Financial Policy.
- I understand and agree to the General Consent to Treatment.
- I authorize the Release of Information.
- I authorize the Assignment of Insurance Benefits.

X _____ Date _____
Signature of patient, parent, or guardian