

Financial Consent & Office Guidelines

Maria C. Hoekstra, DDS, PC is committed to providing all patients with exceptional service and quality care. Please review our financial consent and office guidelines.

FINANCIAL OBLIGATION & PAYMENT GUIDELINES

I understand that any responsibility for payment of services provided in this office for myself and my dependent(s) is mine, due and payable at the time services are rendered. If applicable, I understand that I am responsible for any portion of fees for services rendered not covered by my dental insurance. I acknowledge that I am responsible for all fees necessary to collect my account. I understand that it is my responsibility to know my insurance plan/policy coverage. I understand that if a pre-treatment estimate has been sent to my insurance company that this is not a guarantee of payment.

All balances must be paid in full within 90 days.

PAYMENT OPTIONS

Maria C. Hoekstra, DDS, PC accepts cash, checks and all major credit cards as forms of payment.

We extend a 6% courtesy to our patients who pay in-full, on the day of service, with cash or check.

Payment plan options are available, subject to credit approval, through Care Credit. Care Credit offers deferred interest plans along with extended payment plans. Log on to www.carecredit.com or call (800) 365-8295 for more information. Our business team would be happy to assist you with the application process, if you so desire.

If you have any questions, please do not hesitate to ask. We have a team of dedicated business professionals who are welcome to assist you with any financial concerns. Thank you for your cooperation and understanding as we institute these guidelines to help us better serve the needs of all patients.

CANCELLATION GUIDELINE

We respect the importance of your time and work hard to schedule appointments that accommodate the scheduling needs of all of our patients. Out of respect for our other patients, we ask that you notify us at least 24 hours prior to your appointment if you are unable to keep your reserved time. Failure to notify us outside of 24 hours may result in a \$40 fee.

I have read and understand the above guidelines.

Signature of Patient or Guardian

Date