

Barbara Galera, DDS, Inc

Financial Arrangements and Appointment Policy

Our fees reflect our commitment to the quality of care that our patients deserve. If you have insurance, we will be happy to assist you in processing your insurance claims to maximize your benefits. Insurance is designed to help *offset* the cost of your dental care. Insurance estimates provide a table of allowances that will assist you in determining your approximate out-of-pocket expense. Please note that insurance estimates and pre-authorizations are ***not a guarantee*** from your insurance company. We ask you to keep in mind that your insurance policy is a contract between you and your dental insurance company *and that we are not a party to that agreement.*

Regardless of insurance coverage, financial arrangements between the patient and our office will ultimately be the patient's responsibility.

Your treatment cost will be fully disclosed to you before any treatment is done to provide you an opportunity to openly discuss your treatment and payment options.

I understand that any late payment will be subject to a 1.5% per month (18% per annum) finance charge, and that insurance estimates are estimates only. I also understand that fee estimates may be altered if my dental needs change.

I have read and understand the above Financial Policy

_____	_____
Patient Name (Print)	Date
_____	_____
Patient Name (Sign)	Date
_____	_____
Witness's Signature	Date

Appointment Policy

Your appointment is especially reserved for you. We respect your time and make every effort to remain on schedule. If you must reschedule your appointment, you must inform us within **48 hours or 2 business days** of your appointment. A fee will be charged for appointments canceled without 48 hours or 2 business days' notice. We reserve the right to request advanced payment for services.

I have read and understand the above Appointment Policy.

_____	_____
Patient's Name (sign)	Date