

## Office Policy

Peter A. Karsant D.D.S.

### Family Dentistry

#### Financial Information:

As a courtesy to you we will bill your insurance. Insurance companies take 6 to 8 weeks to compensate our office for your treatment. We ask that you please pay your portion of the claim at the time of service. If for any reason the claim is denied you will be responsible for the total fees.

We realize that treatment can sometimes be an unexpected expense and possibly beyond the allowances of some budgets. We are happy to set up a financial arrangement with you.

If an account is more than 60 days overdue a monthly interest at the rate of 1.5% will be added to the account. If a financial arrangement is broken for any reason then the interest at the rate of 1.5% will also be added to the account monthly. **If a payment has not been made on the account for 60 days or more, the account will be placed with a collection agency.**

We accept Visa, Mastercard, ATM cash or checks. There will be a added service charge of \$25.00 for any returned checks.

Senior Citizens will be given a 5% discount on all balances.

Discounts will be given on Checks or Cash only. No discounts will be given on credit cards payments.

#### Appointment Scheduling:

We reserve the time exclusively for you, therefore we ask that if you are unable to keep your appointment, you notify us as soon as possible so we are able to give that time to someone who is waiting. **Advance notice of 24 hours is requested, otherwise charge of \$50.00 will be added to your account.**

I have read, understood, and agree to the terms of conditions stated in this agreement concerning office policies.

---

Signature of Financially Responsible Party

---

Date