

Office Guidelines

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and we work very hard to schedule appointments that accommodate the busy scheduling needs of all of our patients.

- Appointment Guidelines- I understand that Bridgeport Dental Arts (BDA) requires 2 business days' notice in order to reschedule any appointments; failure to give sufficient notice could result in a cancellation fee of **\$50.00** _____ initial

- Payment- I agree to pay at the time services are rendered and understand that the forms of payment are Cash, Check, Visa, Master Card, Discover & Care Credit. In the case that my insurance company does not pay the estimated amount I understand that BDA will send me a statement of my balance. I agree to pay all balances bill to me by the due date and if I need to make financial arrangements I will contact the office prior to my due date. I also understand the I am subject to a 1% APR monthly finance charge I understand that failing to meet the financial obligation could result in my account being forward to a third party for collections. _____ initial

- Insurance- I understand that all dental services furnished are charged directly to me, the patient or guardian and that I am personally responsible for payment of all dental services. BDA will help prepare the insurance forms or assist in making collections from insurance companies and will credit any such collections to my account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company. _____ initial

I agree that I am fully responsible for the payment of all procedures performed at Bridgeport Dental Arts for myself and any dependents listed on my account

Signature of patient, parent or guardian

Date

Relationship to Patient_____