



AestheticDentistry

O F S T U A R T

Dear New Patient,

We would like to welcome you to Aesthetic Dentistry of Stuart. We appreciate that you have chosen us for your dental care. Below you will find a few office policies. Please let us know if you have any questions.

FINANCIAL POLICY

We accept the following forms of payment: Cash, Check, Visa, Mastercard, American Express, Discover and Care Credit. Checks that are returned to our office from your financial institution are subject to a \$35.00 returned check fee. This fee covers the processing fees that are charged to our office.

RESCHEDULING/CHANGE IN SCHEDULING POLICY

Our practice is dedicated to quality care and exceptional service. Our doctors and team spend extensive amounts of time preparing for your visit. Broken and missed appointments create scheduling problems for our team as well as other clients. Although we understand that emergencies may arise, ***a charge of \$45.00 will be assessed for cancelled or broken appointments unless a 24 hour notice is given.***

INSURANCE POLICY

Non participating insurance plans: I understand that I am responsible for all fees at the time of dental treatment. As a courtesy to me, Aesthetic Dentistry of Stuart will prepare and submit all dental insurance claims for my direct reimbursement.

Participating Insurance: I hereby assign all insurance benefits for dental treatment to Aesthetic Dentistry of Stuart and authorize payment directly to the provider. I authorize the release of all information necessary to process insurance claims. I understand that as a courtesy, insurance claims will be filed accordingly. If payment is not made within sixty (60) days, I understand the total balance will become my responsibility and will be considered due and payable.

Signature

Date