

James Rhode, D.D.S.
Pennsylvania Center for Advanced Dentistry
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Our Office Policies

We at the Pennsylvania Center for Advanced Dentistry would like to take the opportunity to welcome you to our office. Our commitment is to provide you with quality dental care. Therefore we would like you to have a clear understanding of your financial obligations.

Payment is due at the time services are rendered: Cash, check, MasterCard, Visa, Discover, American Express and Care Credit are acceptable.

Cancellations: 36 hours notice is mandatory when changing appointments. Broken appointments without proper notice will result in a \$50.00 charge.

Dental Insurance: We are committed to helping you obtain benefits from your coverage. As a courtesy, we will verify your coverage and bill your insurance carrier on your behalf. The deductible and any co-payments are your responsibility.

It is your responsibility to understand the following:

1. Your insurance is a contract between you, your employer and the insurance company. **We are not a party to that contract.**
2. Our fees fall within the usual and customary range. Services are covered to a maximum allowance determined by each carrier.
3. Not all services are a covered benefit in all contracts. Insurance companies individually select services that will be covered.

Services that are not covered by your insurance are your responsibility and are to be paid the day the service is rendered.

Returned checks and balances older than 30 days will be accessed with finance charges and possible additional collections fees.

I agree to these Office Policies and will take full responsibility for the financial obligations associated with the dental treatment I receive.

Patient's Name (printed)

Date

Patient's Signature