



## Atlantis Dental Care

### MISSED APPOINTMENT POLICY

#### RESTORATIVE AND HYGIENE APPOINTMENTS

The treatment time scheduled is held exclusively for you. It is important for you to keep the scheduled dates and times to properly complete your treatment. A broken appointment is a loss to three people – the patient who missed the valuable time, other patients who could have taken the valuable time, and the doctor who was fully staffed and prepared for the appointment.

**We ask for a minimum of 24 hours advance notice for cancelling or rescheduling an appointment; otherwise, a \$60.00 fee may be assessed to your account.**

#### ACKNOWLEDGEMENT AND RELEASE

##### Insurance

We provide services for our patients with the understanding that they are responsible for payment in accordance with our financial policy. We will prepare and submit forms and reports to assist you in obtaining maximum benefits available. Your dental benefits are a contract between you, your employer and the insurance company and you the patient are ultimately responsible for all charges incurred regardless of coverage.

##### Collections

#### PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Flex plans, Cafeteria plans, Health or Employer administrated account are the patient's responsibility. We will prepare for you any reasonable forms or reports you request for that purpose but payment is the responsibility of the patient.

After **30 days** from the date of treatment **18% annual interest** may be added on the unpaid balance, with a minimum of 50 cents charged per billing month. Past due or late payments are also assessed a monthly late charge of \$35.00 per month.

Past due accounts may be assigned to an outside collection agency. I am responsible for interest, collection fees and other legal expenses related to collection of unpaid balance including reasonable attorney costs, court costs and filing fees. Waiver of any breach of any time or condition shall not constitute a waiver of any further term or condition. A photocopy of the agreement is to be considered as valid as an original.

**I warrant that I am not a debtor under any proceedings in bankruptcy and have no intention to file a petition for relief under any chapter of the U.S. Bankruptcy Code.** I understand that where appropriate, credit bureau reports may be obtained.

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Signature

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Date