



BUCKHEAD DENTAL

- ASSOCIATES, P.C. -

At Buckhead Dental Associates we are committed to providing you with optimal dental care and exemplary service. To accomplish this we ask for your cooperation in complying with our office policies.

Financial Policy

- 1) Payment for professional services is due at the time services are performed. For your convenience we accept Visa, Mastercard, American Express, Discover, cash, and personal checks.
- 2) If you have dental insurance coverage we are happy to file your claim as a courtesy. We are not contracted with any insurance and are considered an out-of-network provider. Therefore, patients will be responsible for any portion not covered by the insurance. By supplying us with your most recent information, we can expedite your reimbursement from the insurance company.
- 3) Since insurance coverage varies from plan to plan, should you have any questions regarding your covered benefits, we encourage you to contact your insurance carrier or your employer for details. Please note that your insurance policy is a contract between you and your insurance company; therefore, your balance is your responsibility.
- 4) Should you wish to inquire about our financial payment options, we will be happy to assist you. We do offer financing through CareCredit. Failure to resolve any past due account will result in referral to a collection agency.

Cancellation /No-Show Policy

If you need to change your reserved appointment time, we request that you notify us during regular business hours, at least 24 hours in advance of your appointment. Failure to keep your scheduled appointment without appropriate notification will result in a cancellation fee of **\$75** to offset the lost time that was reserved for you.

Late Arrival

Any patient who is more than 15 minutes late will be considered a no show. Patients who miss more than 2 scheduled appointments without the required 24 hours cancellation notice, may be dismissed from the practice.

Thank you for your assistance with our policies. We appreciate your trust and look forward to serving you for many years to come.

Patient/Guardian Signature: _____ Date: _____