



FINANCIAL POLICIES

As a courtesy to our patients, the office staff will confirm your scheduled appointment up to 48 hours in advance. We respectfully request that you cancel your scheduled appointment with a minimum of 48 hours.

I understand if I do not cancel by the deadline, I will be assessed:

- | | |
|--|----------|
| • Cancelled Appointment
(with less than forty-eight hours notice) | \$25 |
| • Failed Appointment | \$35 |
| • Failed Priority Appointment | \$150 |
| • Professional written summary and/or explanation by Doctor | \$100/hr |

****These fees are not covered by insurance carriers or Medicare and will be your responsibility.**

I understand that co-pays are due at the time of service, as required by my insurance company. Co-payments, co-insurance and deductibles are a contractual responsibility between me and my insurance plan. The office is unable to negotiate or reduce these amounts.

We accept cash, check, debit and credit cards (Visa, MasterCard, American Express, Discover and Care Credit).

We reserve the right to refer delinquent accounts to a collection agency that reports to credit bureaus. **PLEASE NOTE: In the event that your account is turned over to a collection agency, your account will be assessed a fee equal to 25% of the unpaid account balance. In addition, you will be responsible for all collection fees.**

By signing this document I acknowledge that I have been informed of the financial policies of James A. Bedor DDS, PC.

Patient Name (Print)

Patient/Legal Guardian Signature

Guardian's Name/Relationship to Patient

Date