

## FINANCIAL POLICY

Dr. William I. Shewey DDS  
Dr. Christian J. Shewey DDS

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortable and affordable, we are pleased to offer you these options for payment:

- \* **PERSONAL CREDIT CARDS (except American Express)**
- \* **PERSONAL CHECKS**
- \* **CASH**

Regrettably, as a third party we cannot assume responsibility of knowing each and every individual insurance plan and limitations. There are literally hundreds of insurance plans on the market. We cannot afford to assume the financial responsibility this imposes on us and remain in the dental business.

We therefore find it necessary to encourage our patients to be familiar with their insurance coverage and limitations on an ongoing basis. **DO NOT HESITATE TO CALL YOUR INSURANCE COMPANY. YOU HAVE EVERY RIGHT TO RECEIVE AN ORAL OR WRITTEN REPLY.**

**I agree that I am fully responsible for the total payment of all procedures performed in this office – this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that my ESTIMATED patient portion is due to be paid in full at the time of treatment. Any outstanding insurance benefits not received by this office within ninety (90) days of the date of service will be my responsibility. Any outstanding balance after thirty (90) days and every month thereafter will accrue a 1% finance charge.**

**CANCELLATION POLICY:** A \$50.00 fee will be charged for each appointment hour cancelled or rescheduled without giving 48 business hours notice.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Responsible party)

\_\_\_\_\_  
Date

Shewey Family Dentistry