

Summit Dental
422 Oak
Sulphur Springs, TX 75482
903-885-8906



OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and we will be pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy or your responsibility.

***All patients must complete our Patient Information Sheet before seeing the doctor.

*****FULL PAYMENT IS DUE AT TIME OF SERVICE.**

*****A \$25.00 BILLING CHARGE WILL BE ADDED MONTHLY AFTER YOUR ACCOUNT IS DELINQUENT 90 DAYS.**

*****This can easily be avoided by payment.**

***We accept cash, checks, Visa/MasterCard, (Debit cards with the visa/MasterCard logo) and Discover. We also offer Care Credit as a finance option if approved.

MISSED APPOINTMENTS/CANCELLED APPOINTMENTS

Missed or cancelled appointments are a loss for everyone. Our office policy requires a 24 hr. notice for all cancelled appointments. If you miss two appointments without prior notice, it becomes your responsibility to call and confirm the day before your appointment. Failure to confirm your appointment may result in the loss of your appointed time. Our objective is to provide quality service to ALL of our patients. Missed appointments by you translates to time another patient could be seen; as a result we may no longer be able to see you as a patient here.

Responsible Party Signature

Date



HIPPA

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of the Notice of Privacy Practices.

Patient Name _____

Signature _____ Date _____