

Alessandra L.S. Ritter, DDS, MS

Practice limited to Endodontics

Your agreement to the following Office Policies is required prior to any dental treatment. Please understand we do not want to see financial constraints and/or broken appointments interfere with dental care and the doctor/patient relationship. To facilitate your payments, the following options are listed. Please read them carefully and sign the designated line in agreement.

Payment Options

IF YOU DO NOT HAVE DENTAL INSURANCE, payment is due in full at the time treatment is rendered, including, but not limited to: emergency visits, examinations, consultations, and complete root canal therapy. For your convenience, we accept Cash, Personal checks, MasterCard, Visa, American Express, Discover and Care Credit financing, pending credit approval.

IF YOU HAVE DENTAL INSURANCE, we will submit your insurance claim to your insurance carrier as a courtesy to you. The amount owed will be based on your dental benefits; this office will calculate an **approximate amount** you owe for the prescribed procedure. The amount of coverage paid by your insurance company may be based on your insurance company's Usual and Customary Rates and/or Fee Schedule. **You are responsible at the time of your appointment for any deductible and co-pay not covered by your insurance company, as well as any remaining balance that they fail to pay.** If your insurance company does not remit payment within 60 days (and we will make every effort to help this happen) you will be responsible for your outstanding balance. If there is a credit on your account after making your co-payment and payment from your insurance company has been received, and you are not scheduled for additional services, you will be reimbursed the over payment.

Broken Appointment Policy

Your appointment time has been reserved especially for you. If you are unable to keep your appointment, please notify us **at least 48 hours in advance**. As a courtesy to our patients we will attempt to confirm your appointment, but it is the patients (or guardian's) sole responsibility to keep scheduled appointments. **Broken appointments or appointments cancelled within less than 24 hours notice may be charged \$50.00 per appointed hour.**

Overdue Payments

Overdue accounts will be charged a finance charge of 1.5% monthly (18% annually). **Accounts are considered overdue if payment or payment arrangements have not been made 60 (sixty) days after services rendered.** Overdue/unpaid accounts will be subject to collections actions. The patient or guardian will be responsible for collections agency, attorney, court, and all associated fees incurred by Alessandra L.S. Ritter, DDS, MS.

Office payment policy

We are eager for you to understand your treatment and the associated fee. Please feel free to ask questions! Payment for treatment is expected on the day service is rendered. **If you have Dental Insurance, we will file dental insurance for your treatment, however your co-payment is expected at the time of treatment.**

**We accept Care Credit, Visa, MasterCard, Discover, and American Express*

I understand and agree to these office policies.

Signature: _____ Date: _____