

Homsey Family & Cosmetic Dentistry
1404 S.E. 4th Street
Moore, OK 73160
405-794-4497
www.smilesnmoore.com

LATE POLICY:

We know your time is important. As a courtesy to all of our patients, if you arrive later than your scheduled appointment time, please check with the receptionist to see if there is still enough time for your procedure. We schedule in a manner that allows us to serve you effectively. If you arrive late, it is not fair to the patients scheduled after your appointment to not be seen on time, and your treatment may then be compromised.

CANCELLATION POLICY:

Because we are committed to providing you the best dental care possible, the appointment that you schedule for dental services is reserved just for you. It is required that a 24 hours notice be given to cancel or change your appointment. If you cancel or miss your appointment without the proper 24 hours notice, **YOU WILL BE CHARGED \$50** for a broken appointment. We understand that it is sometimes unavoidable to change or cancel your appointment; however this leaves time open that a patient who is waiting for an appointment could have used.

Thank you in advance for your cooperation.

Signed: _____ Date: _____

Please print your name: _____

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FINANCIAL POLICY

We are committed to providing you with the very best possible dental care. If you have dental insurance we will be happy to file the claim for you. Should your insurance not pay for services or not pay the total **ESTIMATED** amount due, **YOU ARE RESPONSIBLE**. When you sign this policy, you are acknowledging that you understand this potential difference in insurance payment and are ultimately responsible for your bill. To help, we accept cash, check and most major credit cards. Financing is also available through CareCredit if you qualify. There is a return check charge of \$25. In the event your account becomes delinquent, **YOU WILL ASSUME ALL ADDITIONAL COLLECTION COSTS AND LEGAL FEES**. If the patient is a minor, we request that whichever guardian brings the minor to the office pay at the time of service. We do not take responsibility to determine who is responsible for the care of a minor.

INSURANCE INFORMATION

If Dr. Homsey is a PPO (Participating Provider Office) in your insurance network, we will be filing your insurance claims for you. We do require that you pay your deductible and any patient portion at the time you are seen. At whatever time it is determined that your insurance does not pay for some portion of the charge, you will be notified and the remaining amount then becomes due and payable immediately. Not all services are covered in insurance agreements. Your insurance provider may provide different coverage for different employers and we are not responsible in determining exactly what your coverage is at the time of service.

“I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any services rendered by Dr. Homsey or his staff. I have read all of the above information and have completed the patient information sheet to the best of my ability and it is true and accurate. It is my responsibility to notify the office personnel if any information is out of date or of any changes. It is further understood that this is to be considered a contract with Dr. Homsey to provide dental services that are mutual agreed on at that time of service.”

Signed: _____ Date: _____

Please print your name: _____