## NORTHSIDE DENTAL CENTER, PA

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Dr. Larry Chambers, DDS Dr. Frank Hampson, DDS Dr. Hanlan Chambers, DDS

## Office Policy

FULL PAYMENT is expected on day of service, including co-pays and deductibles. Treatment plans will be discussed and patient portion will be "estimated" when you have seen the doctor and treatment has been determined. At this time, fees and payments will be discussed. This applies to all patients, with or without dental insurance. In case of default of payment, the patient is responsible for the attorney's fees, court cost, and related legal expenses. We reserve the right to charge interest on a balance of over 60 days and a charge on all returned checks.

Our office files dental insurance as a courtesy to our patients. Please be informed that insurance may have co-pays, deductibles, percentages, and waiting periods for services and does not cover all fees at 100%. Our office will make every effort to file claim with the information you have provided at the time of services rendered, however, it is the responsibility of the policy holder to know what their insurance covers and what it does not. By signing below, you give Northside Dental Center authorization to file dental insurance that is provided to our office and agree to pay the difference after insurance is paid.

## **Cancellation Policy**

We value your time... please offer the same courtesy by giving at least 48 hours notice of cancellations. If you fail to confirm your appointment - our office reserves the right to cancel the appointment after several attempts. A chair-time deposit may be required if there is a history of "failed" or "broken" appointments with no notice. The deposit amount will depend on the services being rendered. After habitual broken appointments – you risk being dismissed from the practice.

	I have read this office policy and agree with its terms.		
Signature:		Date:	