Our Policies at CityTooth

Cancellation Policy:

We value all our patients time at CityTooth and we are asking that you value our time! We understand circumstances arise and appointment may need to be canceled/changed. As a courtesy, we ask that a 48-hour notice be given to move or cancel an appointment so we may use the appointment for others that are on our wait list. If this does not occur there will be a canceled/failed appointment fee of $81 in place that will be billed and paid upon receipt.

Financial Policy:

Payment for services, including deductibles and copayments, are due at the time of the service unless other arrangements have been made prior to treatment. Payments may be made using cash, check, or credit cards. Any arrangements for third-party financing must be made before starting treatment.

CityTooth accepts most dental benefit plans. We are happy to submit the claims necessary to see that you receive your benefits. The dental benefit contract is an agreement between you and the dental benefit company. You are ultimately responsible for all charges. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed.

In order to maximize your benefits and because plans differ from carrier to carrier, and from policy to policy, our office may refer you to your carrier or your employer's benefits coordinator for assistance in understanding your plan. Please note that your dental plan is intended to cover some but not all dental care costs, and not all services are covered by your plan. You are responsible for payment of all services regardless of the payable benefit.

Checks that are returned to our office from your financial institution are subject to a $25 returned check fee. This fee covers the processing fees that are charged to our office. We would be happy to discuss our charges and how they relate to your particular situation.

Please indicate your understanding and acceptance of these cancel/financial policies by signing below.

Print Patient's Name_____

Patient, Guardian or Guarantor Signature_____ Date_____