



Payment Agreement

Thank you for choosing Bowser Dentistry. We appreciate the opportunity to care for you and your family's dental needs. The following information is provided to answer questions and avoid confusion regarding payment for dental services.

For patients with dental benefits: As a courtesy, our office will file your claim with your insurance company and work with the company to provide the necessary information to maximize your benefits. Any amount not received from your insurance company is your responsibility. Please take note that there are insurance companies that pay you, the patient. If this is the case, you will be asked to pay at time of service for your treatment.

For patients without dental benefits: If you do not have dental insurance, you will be responsible for the full cost of your treatment. Payment for services is due at the time of treatment unless you have a signed financial agreement.

We accept cash, personal checks and the following credit/debit cards: Visa, MasterCard, American Express and Discover. We also offer no-interest financing plans for those who qualify.

We are pleased to offer a savings to patients with a treatment plan over \$500. The treatment must be paid in full on the day of service by cash, check or debit card to receive a 5% savings or by credit card to receive a 2% savings. This savings does not apply to those utilizing Cherry or Care Credit.

Please read the cancellation policy below in full prior to signature.

If payment has not been made in full after two statements, a rebilling fee of \$10 will be added to each additional statement.

I understand and agree to the above payment agreement.

Signature: _____

Date: _____

CANCELLATION POLICY

At Bowser Dentistry, it is our goal to provide quality dental care to each and every one of our patients in a timely manner. Your appointments and well-being are very important to us. No-shows, late arrivals and cancellations affect not only our providers, but other patients in our practice as well. When an appointment is booked, we are holding a space in our calendar that is no longer available to other patients.

- Please give the courtesy of at least 24 hours notice in the event that you must cancel or reschedule your appointment.
- We reserve the right to charge up to 100% of the appointment fee if sufficient notice is not received.
- If you are a NO CALL/NO SHOW for an appointment, we may require a credit card on file prior to scheduling any future appointments. We will also require activation of text message reminders.
- If you arrive late to your appointment, we will do everything we can to see you however, this may require you to reschedule if there is not enough time to complete your full treatment.

We recognize that emergencies do happen, and at times when it may be difficult to give sufficient notice, we will extend every accommodation possible.

Similarly, please know when we are given sufficient notice of a cancellation, we can often fill that appointment with another patient on our waiting list.

Respect for our cancellation policy benefits both our patients and our providers.

Thank you for your consideration.