

Financial and Appointment Policies  
Fuchs and Fuchs Dentistry  
As of January 2005 Updated 6/2017

Please read carefully and sign at the bottom.

**Financial Policies:**

**ALL SERVICES ARE TO BE PAID FOR ON THE DAY OF SERVICE**

1. We accept cash, checks and credit cards. We also have Care Credit available if you would like to make smaller payments. This is a credit card available to you for dental treatment only. Our front office team will assist you if you would like to apply for this.
2. *We no longer have a “pay-it-out” plan directly through our office.* Unfortunately, many people took advantage of this and abused it. Every year we had to write off thousands in bad debts.  
We no longer offer this option.
3. If you have **insurance** and would like us to file it, you will need to read and sign the attached “Insurance Users Agreement” contract.
4. *“Insufficient funds” checks will be charged a \$25 service charge. From that point on, all services must be payed for in cash or with a credit card. No additional checks will be accepted.*

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**Appointment Policies:**

1. One missed appointment without 24 hour notice will be allowed per family without charge. All others following will be billed at a charge of \$100 / hour. After two “NO SHOWS” a \$100 deposit will be required in order to make an appointment with our office.
2. **LATE APPOINTMENTS:** Please notify us if you are going to be late! Normally if a patient has missed 1/4 of their scheduled appointment, he/she will be rescheduled. It is unfair to the patients following to make them wait and we feel that we have set aside the ideal time needed to perform quality treatment. We take pride in not making our patients wait for a long time. We respect your time and hope you will respect ours.
3. **Children’s appointments:** Children under the age of 6 may be accompanied by one parent to the treatment area if it is necessary. In order to build a trust between us and your child, we ask that when 6 and older that your child comes to the treatment area alone.

I have read the above policies, understand them and agree to abide by them.

My signature: \_\_\_\_\_ date: \_\_\_\_\_