

Bell Family Dental

9101 Bridgeport Way SW
Suite B-1
Lakewood, WA 98499

Financial Information:

All accounts are due and payable at the time services are rendered unless other prior arrangements have been made. Our bookkeeping policy prevents us from carrying balances over 90 days, unless the balance is insurance related.

As a courtesy, we will send your claims to any insurance carrier upon verification of coverage regardless of our participation with them.

I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

I certify that I, and/or my dependent(s), have insurance coverage as noted above, and assign directly to Bell Family Dental all insurance benefits, if any, otherwise payable to me for services rendered.

Methods of Payment:

Cash, check, Visa, MasterCard or Discover.

We also offer convenient financing through CareCredit with which we can offer 6 months of interest free payments, depending on the amount financed, on approval of credit. In the event of your personal check being returned to our office for any reason, there will be an additional charge of \$35.00, (not to exceed the face value of the check, allowed by Washington statute RCW 621.3-515.)

Appointments:

We reserve your appointment time just for you. Appointments are carefully scheduled so you will be best served. Please be on time so that we can give you the attention you deserve.

If you must reschedule, please allow at least 24 hours notice to reschedule an appointment. **A cancellation fee of \$50 will be applied to your account for any appointment not canceled or rescheduled within 24 hours of the appointment, per patient, per appointment/hour.** We reserve the right to dismiss patients from our practice after three missed appointments.

Patient Name

Date

Patient Signature/Parent of Guardian (if patient is a minor)