

**CHAD HUGUENIN DDS, LLC**  
699 Hill Rd. North  
Pickerington, Oh 43147

**FINANCIAL POLICY**

You are entering into a relationship with the doctor in which the doctor agrees to treat the patient and the patient agrees to pay for the treatment. After your initial exam, we will provide an *ESTIMATE* of your dental treatment charges.

It is important that you inform us of any dental insurance you may have. We are happy to process your insurance claims, however, in the event we are unable to receive payment from the insurance company, the financial responsibility falls upon you, the patient. **Co-pay is due at time of treatment. The insurance policy is your policy and you are responsible for understanding their terms.** Please note: Cosmetic dental treatment is not covered by insurance.

We accept payment to our office by cash, check, money order, auto-debit, and all major credit cards. We no longer offer long term in house financing, but 6 to 12 months interest free third party financing through Care Credit is available. **It is the patient or the legal guardian's responsibility to cover the deductible and the uncovered portion of the balance at time of service.** All monthly statements are due in full upon receipt, unless prior arrangements have been made with the billing office. There will be a filing/processing fee applied to your account if any type of collections process becomes necessary. We will be happy to discuss any financial concerns you may have at any time.

**I have read and fully understand the financial policy of this practice.**

\_\_\_\_\_  
Guarantor's Signature  
Revised 08/13

\_\_\_\_\_  
Date

## Cancellation and No-Show Policy

Office hours are by appointment and we do value your time. This office is a private practice dental office and not a dental “clinic.” Appointment time is reserved for you alone. Where appropriate, we prefer to schedule longer appointments so we can complete as much needed dental treatment as possible during one appointment. We feel this type of scheduling will cause minimal disruption to your daily schedule and will provide efficiency in completing your dental care. When you make an appointment, please be sure that you will be able to keep it. Morning appointments may be best for more complicated procedures.

Like many offices, this office does call to confirm your appointment. Please make a note of any dental appointments we have scheduled in a place where you will be easily reminded. If you cannot make an appointment as scheduled, please notify the office. There will be a charge of \$30 per 30 minutes of scheduled time for a broken appointment or cancellation with less than 24 hours' notice at which time you may be scheduled from that point forward as a same day only appointment. However, our office reserves the right to dismiss patients from the practice for repeated (2) no-show and/or cancellations without a 24 hour notice. We will **not** reschedule a new patient appointment if you are a no-show to your first appointment.

**If you have any questions about our appointment cancellation and no-show policy, please feel free to ask us.**

**I have read and fully understand the Cancellation and No-Show policy of this practice.**

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Guarantor's Signature  
Revised 08/13

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Date