

**Sunrise Dental Cancellation Policy**

**Dinah B. Vice, DDS PA III | 8128 Renaissance Pkwy Suite 203, Durham, NC 27713**

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments that accommodate the scheduling needs of all of our patients. Broken and missed appointments create scheduling problems for other patients as well as the practice. **If you find that you must change your appointment, we require a minimum of 48 hours' notice so that we are able to accommodate another patient.** You may be asked to pay a \$100.00 deposit to reschedule ANY appointments without the 48 hour advance notification. Thank you for your cooperation in this matter. When reserving 90 minutes or more of appointment time with our office, we require a \$100 deposit. The deposit will be applied toward the payment of treatment at the time of visit. If the appointment is canceled or broken with less than 48 hours' notice, the deposit is nonrefundable.

**Financial Agreement**

As a courtesy our office accepts insurance payment for 50% of your total treatment. 50% of the total treatment is due from the patient at the time of service. The only exception is when a patient is in for preventive care (cleaning, exam, and x-rays) the patient will pay 10-20% (depending on the patient's coverage) of the total treatment and our office will accept insurance payment for the balance. If for any reason the dental insurance company pays more than our office estimates, you will receive a reimbursement form from our office. If you do not have insurance, fees are due at the time service is performed. We accept personal checks, Visa, MasterCard, Discover, and American Express. In addition, we offer a payment plan with 6-18 months free interest, through Wells Fargo Financial and Care Credit, for patients who qualify.

**Wells Fargo/Care Credit Agreement**

Wells Fargo and Care Credit offer an '**interest free**' account for our patients needing extensive dental treatment. The account is purchased on 6-18 months same as cash terms. Under this program your account will not be paid in full if only the minimum monthly payments are made. The minimum monthly payments will be figured as 1/30<sup>th</sup> of the account balance. If you would like the account to be paid off during the same as cash period, higher monthly payments will be required. If the account has not been paid in full during the same as cash period, interest will accrue on the account back to the original date of purchase. You will be billed from Wells Fargo Financial or Care Credit in 30-59 days from your first treatment date. Anything under \$100 cannot be applied to the Wells Fargo or Care Credit Account.

**Insufficient Funds**

A fee of \$35 will be charged on all returned checks.

**Treatment Plan Report**

Treatment plan estimates are subject to change after 90 days.

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**I have reviewed and understand the above information.**

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**Patient/Guardian Signature**

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**Date**