

Ellen Mark DDS Pediatric Dentistry
520 Cottonwood Street #3 Woodland, CA 95695
(530) 662-7558

NOTICE OF FINANCIAL RESPONSIBILITY

Ellen Mark DDS Pediatric Dentistry accepts cash, checks, Visa, MasterCard as well as the Care-Credit monthly payment plan. Regardless of your choice, payment in full is due at the time of treatment.

I have been informed of my choices, options and fees in regard to the treatment. I have been informed of my covered benefits where applicable. I agree that I am financially responsible for all treatment started. I agree that my insurance plan coverage has been explained to me. I agree to be fully responsible if my insurance plan doesn't pay for any reason and realize this may increase my out-of-pocket expenses. Any changes to any of the amounts due to insurance plan coverage will be my responsibility.

NO-SHOW AND CANCELLATION POLICY

Ellen Mark DDS Pediatric Dentistry realizes your time is important as is ours.

Therefore, we have established the following No-Show/Cancellation Policy.

We have established a \$50 no-show/late-cancellation fee. All appointments must be cancelled by 3 p.m. of the previous day (or by 3 p.m. on Friday for a Monday appointment), to avoid charges for a no-show or late-cancellation. After-hour messages regarding cancellations may be left at (530) 662-7558. Insurance will not cover charges for no-show/late-cancellation or eligibility fees.

I have read and understand the No-Show Cancellation Policy and the Notice of Financial Responsibility.

Patient Name: _____

Patient Responsible Party: _____

Date: _____

Printed Name: _____