

Welcome to North Palm Beach Dentistry!

We are happy you are here and want to welcome you to our practice. Dr. Perella and staff strive to provide high quality dentistry in a timely and friendly manner with a gentle and caring approach. We realize the importance of being perceptive and sensitive to our patient's feelings and concerns and to be empathetic and sympathetic to their physical and emotional needs.

Financial Policy

North Palm Beach Dentistry will gladly file your dental insurance claims for you. If there is a deductible or co-pay due from you, it will be required the day of your appointment. After we receive payment from your insurance company and if there is an outstanding balance on your account, it will become your responsibility. The patient is responsible for any treatment not paid for by their insurance company.

Please provide a credit card number to transfer any unpaid balances that are 90 days past due:

Account Number: _____	Exp. Date: _____
Visa Mastercard American Express Discover	
Patient/Guardian Signature: _____	
Date: _____	

If your account balance continues to go unpaid, we will refer your account to a collection agency and you will agree to pay all of the collection costs which are incurred. Further, if we must refer your collection of the balance to an attorney, you agree to pay all attorneys fees which we incur, plus all court costs.

Appointments and Cancellation Policy

We respect your time and make every attempt to schedule your appointment at a time that is most convenient for you. We ask that you respect our time in return, and if you must cancel your appointment, we request that you call the office 24 hours prior to your appointment. Failure to cancel your appointment within 24 hours will result in a \$50.00 fee for hygiene appointments and \$75.00 fee for Doctor appointments.

Treatment Estimate

Before we begin any treatment, we will consult with you to ensure you are aware of the need for treatment, the procedure that will be performed, and the estimated cost of the treatment. Just as with any health condition, the discovery of a more substantial problem during the procedure may alter the course of action. We will always keep you apprised of any changes that may occur and discuss with you how that will alter the procedure and cost.

I have read and understand the North Palm Beach Dentistry Financial & Appointment Policies. This signature is valid for every family member who is a patient of North Palm Beach Dentistry.

Patient/Guardian Signature

Date

Print Name