

West Hills Dental Policies

Please read.

By signing, I agree to the following West Hills Dental Policies.

- I understand that if I **No-Show or cancel with less than 24 hr notice** I may be charged a \$25 "Failed Appointment" fee (not billable to insurance company).
- I understand after 3 No-Show appointments I will be **dismissed** from the dental office.
- I understand if I have a 90 day balance that is not paid and/or no payment activity on my account in 90 days, **I will be sent to collections.**
- I understand if I have an outstanding balance, West Hills Dental office has the right **not** to refill any prescriptions for me.
- I understand if my account is sent to collections, I will **not** be able to schedule a visit or have any of my prescriptions filled and I will be dismissed from the practice.
- I understand that insurance co-pays are due at the time of service (estimates are always available- please ask).
- I understand that I need to give West Hills Dental office a 48 hour notice to refill any prescriptions.

**You may apply in our office for a line of credit through Care Credit, upon approval patients may finance any amount over \$500.00 at 0% for 6 months.

Patient signature:

(Guardian if minor)