

Ascot Aesthetic Implants and Dentistry

Dr. Angela C. Ruff

Ascot Plaza * 5815 Ramsey Street, Fayetteville, NC 28311 Phone 910-630-6199 Fax 910-630-3647

Financial Policy

In compliance with the truth and lending law, this is our financial policy:

It is customary to take care of your fee at the time service is scheduled. To assist you with this we accept cash, checks, Visa, MasterCard, Discover, American Express, Care Credit and Citi Health Cards. If you have dental insurance, we will be happy to send for a pre-estimate as well as mail necessary documentation (i.e. x-rays, photos, etc.) when filing your dental claims. However, it must be understood that you will be responsible for any portion, including finance charges, not paid by insurance within 60 days after filing your claim.

Confirmation Policy

Your appointment with us is very important. The appointment time and length scheduled is made exclusively for you. To avoid broken appointments, we ask that you confirm your scheduled appointments with our office. You may call at anytime, voicemail available after hours, or use our new *Smile Reminder* system. With *Smile Reminder* we can send text messages and/or emails and you may respond at your convenience.

Most cleaning appointments are scheduled six months in advance. As a courtesy reminder post cards are mailed approximately three weeks prior to your appointment and phone, text and email reminders are made 1-2 weeks prior to your appointment. We ask that you confirm your scheduled appointment with our office at least one week prior to your appointment date. If we do not receive a positive confirmation from you, your appointment time may be offered to another patient.

Cancellation Policy

Appointments scheduled in our office are specifically reserved for each patient. We are able to provide you with individualized, quality care with the least amount of waiting time by not double-booking each appointment. Therefore, if you find it necessary to cancel or reschedule an appointment, we ask that you please give us a 48-hour notice (during business hours), so that we are able to offer this time to another patient. If you fail to show for a scheduled appointment, or if you do not give us the required 48 business hour notice when canceling, your account will be charged a broken appointment fee. The amount charged may vary depending upon the length of the scheduled appointment.

I have read and understand your financial, confirmation and cancellation policies.

I hereby authorize any insurance coverage to be paid directly to Angela C. Ruff, D.D.S., P.A for services rendered.

Signature of Patient or Parent and/or Guardian

Date

Legal