

www.creatingsmiles4u.com

Thomas L. Appelfeller, D.D.S., Inc.
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Patient Financial Policy

Welcome to the office of Dr. Appelfeller. We want to make your visit productive and enjoyable. We are happy to answer any and all questions regarding insurance plans and payment policies.

Our Policy requires payment at the time of service for your visit.

If you are a member of a medical Insurance plan and have chosen us as a provider of your care, it is your responsibility to:

- Provide us with information relative to your claim, including insurance card, number, employer, birth date, address and Social Security number. This information is requested on the Patient Registration form, which we ask that you complete during your initial or subsequent visit.
- Pay your deductible or co-pay at the time of service.
- Pay for services not covered by your insurance carrier.

Insurance claims for your carriers are filed as a courtesy at no charge to you.

Note: All unpaid or delinquent accounts will be sent to a collections agency.

To assist you with your payment, our office accepts Visa, Mastercard and Discover.

Cancellation Policy

- We require a 48 hour cancellation notice for a scheduled appointment.
- Patients who fail to show for their scheduled appointment without giving due notice will be charged a \$50.00 fee. This is not payable by your insurance.

I have read and fully understand my financial responsibilities under this policy.

PATIENT/GUARANTOR SIGNATURE

DATE