

Northstone Dental
1730 Schrock Rd.
Columbus, Oh 43229
(614) 890-1333

James E. Nicholls, D.D.S.

Josh M. Halderman, D.D.S.

Dear Patient,

Thank you for your show of confidence by entrusting your dental care to us. In order to avoid confusion and misunderstanding, we would like to review our **office policies**.

Appointment times are very important. We will make every attempt to be on time for your appointment. Due to the nature of our work, this may not always be possible. If you are delayed longer than 15 minutes, please accept our apology in advance, and feel free to reschedule at a convenient time. Please notify us at least 24 hours in advance if you are unable to keep your scheduled appointment. If you do not show for three appointments, we will no longer reschedule you and will consider the patient-doctor relationship void.

Insurance benefits are determined by your employer and not your dentist. It is your responsibility to be aware of your policy. Insurance is not a guarantee of payment. A copy of your dental insurance card and your employer information are required for our office to file a claim for you. You will be expected to pay for services rendered if our office is unable to verify your insurance information. We do not accept secondary coverage, but we will file the claim as a courtesy.

Payment is due at the time services are rendered. For your convenience we accept cash, check, Visa, MasterCard, and Discover. We will make payment arrangements for larger cases which would be discussed with you prior to scheduling your next appointment. A fee of \$25.00 will be added to your balance for any returned or NSF check.

If payment for services has not been paid in full within 45 days, either by you or your insurance company, the remaining balance is considered due and will incur finance charges after 90 days.

We will make every effort to keep you informed of what will be done prior to treatment. If you have any questions concerning your treatment or any other dental matter, we would be happy to help you in any way we can.

I have read and understand this financial policy.

PRINTED NAME

SIGNATURE

DATE

Signed
Acknowledgment
of Notice of Privacy
Practices on File