

DENTAL ASSOCIATES OF WEST MICHIGAN
6208 KALAMAZOO AVE. SE
GRAND RAPIDS, MI 49508

OFFICE AND FINANCIAL POLICIES

We are committed to providing you with the best possible dental care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about the following financial policies or your responsibilities.

Full payment or co-payment is due at the time of service.

The parent or legal guardians of unaccompanied minors are still responsible for full payment.

In the case of a minor of a divorced or separated parent, the accompanying parent or guardian is responsible for full payment or co-payment at the time of service.

Insurance is a contract between you and your insurance company. We file insurance claims as a courtesy to our patients and we will not become involved in a dispute between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. However, our staff will be available to assist you should there be a need for it. You are responsible for the timely payment of your account.

Please help us to better serve you by keeping your scheduled appointments. There may be a charge for missed appointments without 24 hours notice of cancellation.

Responsible Party Signature _____

Date _____