



CLAYTON DENTAL OFFICE
THOUSAND ISLANDS CENTER OF DENTAL TECHNOLOGY
SCOTT A. LaCLAIR, D.D.S.

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Clayton, NY 13624
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CLAYTONDENTALOFFICE.COM

OFFICE FINANCIAL POLICY

Payment is due at the time services are rendered. For your convenience we accept cash, personal checks, money orders, Visa, MasterCard, Discover and CareCredit. Payment plans and financial arrangements can be entered into for comprehensive dental treatment prior to commencing care. A fee of \$30.00 will be added to your account for any checks returned by your bank.

Insurance benefits are determined by your employer, not your dentist. Insurance is not a guarantee of payment; it will not cover all your costs. Your insurance policy is a contract between you and your insurance company. Payment to Clayton Dental Office is ultimately your responsibility. We will do our best to maximize all the benefits that you are legally entitled to. As a courtesy we will be glad to file your claim for you. Please provide us with your dental insurance card and required employer information.

Continuity and consistency of care are key to maintaining proper dental health. Maintaining a relationship with our patients is our first priority. Individuals who have not been seen in the practice within two years will be considered a new patient to the office. Your appointment is reserved exclusively for you; therefore courtesy of advance notice when you are unable to keep an appointment is appreciated and required. We reserve the right to charge and collect fees for appointments that are cancelled or broken without 24-hours notice. Providing advance notice allows other patients who may have been waiting for an appointment the opportunity to be seen. We reserve the right to dismiss any patient from the practice who misses or cancels, without 24 hours notice, three or more consecutive appointments. Furthermore, patients who consistently change appointments with or without notice may be subject to dismissal. Cancellations with less than 24 hours notice are considered missed appointments. Appointment changes must be made directly through the office, leaving a message with the answering service or on automated systems is not accepted.

I have been given the opportunity to ask questions regarding this policy. I have read and understand this financial policy.

Signature: _____ Date: _____