

ISLAND LAKE DENTAL FINANCIAL POLICY FORM

THIS POLICY IS GOING INTO EFFECT 6/09/2026

Island Lake Dental is committed to providing you with the best possible care. If you have dental insurance, we will help you receive your maximum allowable benefit. To achieve these goals, we need your assistance and understanding of our financial policies. We want to make it clear that **we will file your insurance claim for you as courtesy to you**. However, our relationship is with you, not your insurance company. It is your responsibility to be knowledgeable regarding your insurance coverage and benefits. We will expect your assistance in obtaining payment from your insurance company if difficulties arise. After 90 days, with certain exceptions, the balance will become **payable in full by you**.

- Appointments that are cancelled or rescheduled without at least a 48-hour notice will be subject to a **\$50.00 cancellation fee**.
- Due to a high demand for appointments, specifically if Evening appointments or Saturday appointments are cancelled, you are **NO LONGER** able to book an Evening appointment or Saturday appointments.
- Parents accompanying their children at their appointment time are financially responsible for payment at the time of services.
- **Any New Patient who fails their initial visit will NOT be rescheduled.**
- If there is a previous balance on a family file, whether it is from children, spouses or parent, it will be collected at the next following appointment.
- If you are **10 minutes late** for your appointment, the No Show appointment goes into effect. There is a **\$50.00 fee** that will be charged to your account, and we will **NOT** reschedule your appointment until that balance is taken care of.

Payment Options:

1. Cash 2. Credit / Debit 3. Amex 4. Discover

WE DO NOT ACCEPT ANY CHECKS

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our office manager who may be able to waive the No Show fee.

I, _____, agree to these financial terms.

Signature _____ Date: _____