

# DeRose Dental Office, S.C.

... the best choice for your family  
D.D.S.

Dr. Francesca DeRose,

5439 Durand Ave., Suite 215  
D.D.S.

Dr. Maria Barnes,

Racine, WI 53406

(262) 634-8662 Ext.2

***Welcome to our office!*** We are committed to providing you with the best possible dental care. We look forward to a long and enjoyable relationship - one that will keep you smiling!

**KEEPING APPOINTMENTS.** Your appointment is a reservation of time for your dental treatment. For missed appointments not cancelled at least 1 full business day in advance, there will be a charge of \$ 30.00 for a dental cleaning appointment, and \$50.00 for every 1/2 hour of time that was scheduled for any other type of appointment. Because of the individual attention that we provide to each patient and the courtesy that we extend by not double-booking patients, this policy is strictly enforced. **If you cannot keep your appointment, call as soon as you can.**

**PAYMENT FOR SERVICES.** Payment of services is due in full at the time services are rendered, unless other payment arrangements have been approved in advance. When other payment arrangements are approved, balances not paid within 30 days of the agreed payment date shall accrue interest at 1% per month and be subject to all costs of collection, including the fees of outside collection agencies, courts costs and reasonable attorney fees.

**INSURANCE.** Your insurance is a contract between you and your insurance company. While we are happy to file a claim with your insurance company as a courtesy to you, **the amount that is not paid by your insurance company is your responsibility**. Our fees are considered Usual, Customary and Reasonable "UCRs" by most insurance companies, but some insurance companies reimburse based on an arbitrary schedule which does not reflect the typical cost of care in this area. We are always happy to discuss our fees and estimate the amount the insurance company will pay and your co-payment.

I have read, understand and agree to the above terms and conditions.

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**Print Name**

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**Signature**

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**Date**