

Doctor Damian Stone, DDS, PhD, MS, BS

Tampa, FL

General and Prosthodontic Dentistry

www.DamianStone.com
OfficeManager@DamianStone.com

NOTICE OF OFFICE POLICY

We endeavor to provide professional, thorough, quality care to our patients. To reduce the cost of billing the following office policy has been adopted.

1. **NO INSURANCE:** Payment for all services provided is expected at the time of service.
2. **INSURANCE COVERAGE:** You are expected to pay your estimated portion at the time of service. Health insurance is a personal contract between you and your insurance company. Our office will verify your coverage limitations and eligibility. This is not a guarantee of benefits. Should your insurance deny/reject your claim or you exceed your maximum benefits, you are ultimately responsible for all charges accrued on your behalf.
3. **ACCOUNTS WITH OUTSTANDING BALANCES:** You will receive a statement each month. The balance is due on the date indicated on the statement. If after 60 days payment in full has not been received, the account will be past due and a finance charge of 1.5% (18% APR) will be added to the account.
Returned checks will subject to \$25.00 processing fee.
4. **BROKEN/MISSED APPOINTMENTS:** We require 24 hours notice to change or cancel an appointment. Appointments changed with less than 24 hours notice or missed appointments will be subject to a \$25.00 charge.

I have read, understand and agree to the Office Policy of Doctor Damian Stone's office. I understand that I am ultimately responsible for payment of my account. I authorize payment of insurance benefits to this office. If you have any questions, please let us know. Thank you!

By my signature below, I acknowledge receipt of the Notice of Office Policy.

Signature of Patient

Date

Signature of legally authorized Responsible Party

Date

This form will be retained in your dental record.