

OFFICE POLICIES OF MATTHEW MCRAE, JR., DMD, PC AND ASSOCIATES

Please read the following policies and sign below.....

1. Any patient that is unable to keep a schedule appointment must call 24 hours **prior** to an appointment.
2. All office visit co-payments are collected for each visit **before** you are taken back to a room. We currently accept checks, cash, debit, and credit cards.
3. Requests for dental records are handled as follows: We will forward **one copy** of a patient's dental records to the healthcare provider of your choice (another dentist, hospital, etc) free of charge after receiving a properly authorized release of information from you. Any additional requests for copies will be charged a fee of **\$25.00**, due prior to the transfer of the requested record.
4. There is a **\$50.00** service charge on all **returned checks**.
5. **I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand payment is due at the time of service unless other arrangements have been made.**
6. **I agree that it is my responsibility to understand my insurance benefits. I understand that the office of Dr. Matthew McRae and Associates may or may not be participating with my insurance plan, and I will be responsible for any balance left unpaid by my insurance company.**
7. **The prices quoted are an estimate only, and there is a possibility of a balance after the insurance company pays.**

Patient/Parent Signature

Date