

Welcome To Our Practice

We would like to thank you for allowing us to treat you as a patient. We are pleased to meet any dental needs you or your family have. We will always do our best to give you the most up to date and professional care available. To avoid any confusion, we have listed below some of our office policies and procedures.

- As a courtesy PEAK Endodontics will file your dental claim with your insurance company. Your deductible and co-pay or any portion not covered by your insurance company is due at the time of service. For those patients without insurance coverage, **you will be responsible for you payment in full on the day of treatment.**
- **Broken appointments are very costly and inconvenient.** Please inform us at least twenty-four (24) hours in advance if you are unable to keep your appointment. Broken appointments will lead to you and your family being dismissed from our practice. Any non confirmed appointment may be rescheduled.
- If you are more than fifteen (15) minutes late for your appointment, you may be rescheduled for another day. This will be considered a broken appointment.
- All patients under the age of eighteen (18) will not be seen or treated, in the absence of a parent or legal guardian, without a signed consent form.
- You are responsible to pay the cost of collecting any debt owed on your account. This includes all attorney's fees, late fees, and interest to be charged at one percent per month.

By signing below you have read and understood our Notice of Privacy Practices that is posted in our waiting area. A copy of this agreement is available upon request.

Your cooperation is greatly appreciated in this matter. If you have any questions, please feel free to ask our staff

Signature: _____ Date: _____