

**West Michigan Dental Professionals
Dr. Thomas Grias & Dr. Effie Grias
6477 Cherry Meadow Drive, Suite 1
Caledonia, MI 49316
(616) 891-8990**

Shared Commitments

TWO IMPORTANT POLICIES

A policy is a written statement, which determines actions or activities of an organization. We have two important policies in our practice that we feel are important to share with you, our patient.

COMMITMENT TO APPOINTMENT POLICY

We know everyone values his or her time and we will do everything within our power to operate on schedule. For this reason, we reserve time for each patient in our practice. An appointment written in our schedule with your name on it is a bond of trust that we will be here to serve you and you will be present for that appointment. We reserve the right to charge for missed appointments and last minute cancellations. Your signature below indicates that we must have mutual respect for each other's time.

COMMITMENT TO FINANCIAL POLICY

We believe that we have a responsibility to use our best professional care, skill, and judgment in planning for your dental treatment. By signing below, you indicate that you agree to fulfill your financial commitment to our office promptly and completely. No business or practice can fulfill its mission to its patients when a bond of trust is violated by failure to pay for services rendered. We accept Cash, Personal Checks, Visa, MasterCard, Discover and American Express as forms of payment. Other financing options are available if necessary. If you are fortunate to have dental insurance benefits, we will complete your insurance forms and submit them to your insurance company, as a courtesy to you. All patients are ultimately responsible for any services that are rendered and any account that has a balance that is 60 days or more past due will be charged a re-bill fee of \$2.00 per month. In the event that we need assistance in collection of an account, the patient or guardian will be responsible for any and all collection costs and/or legal fees that are incurred.

Patient/Guardian's Signature

Date

Witness Signature

Date