

Amanda R. Donnelly, D.M.D.

742 Graham Road, Suite A
Cuyahoga Falls, OH 44221
330-929-2616

Thank you for choosing Dr. Donnelly as your dental care provider. Our goal is to provide excellent dental care with exceptional customer service. Our Financial and Cancellation Policies are clearly outlined in this document for you to review.

We have an experienced professional claims staff and we pride ourselves in helping you maximize your insurance plan benefits. At the time of each visit, you will be asked to contribute your plans **estimated co-pay**. Following your appointment, we will quickly submit the appropriate claim forms on your behalf to your insurance carrier. In order to expedite the insurance claim process, please make certain the information that you provide to us is accurate and up to date.

If your insurance denies coverage, or if we do not receive payment within 90 days from the date of service, the amount will become payable by you. Please remember, your insurance is a contract between you, your employer, and the insurance company. Although we always make every effort to help obtain your full insurance benefits, we cannot guarantee your insurance will pay.

Assignment and release:

I authorize payment to be made directly to the dentist by my insurance company and I accept financial responsibility for all services not covered by my insurance, and I authorize release of any medical care information requested by my insurance carrier. I hereby authorize payment of the dental benefits otherwise payable to me, directly to Amanda R. Donnelly, DMD Inc.

Payment for services is due at the time they are provided after your deduction of your good faith estimate of insurance benefits.

Payment Options

***CASH** - Includes money orders and personal checks

Pay your obligation at **each** visit and receive a **5%** courtesy discount.

***MasterCard/Visa and Discover**

Pay your obligation at each visit and receive a **3%** courtesy discount.

CareCredit --- a NO interest monthly payment plan we offer for balances of \$100 or more

Ask for details

**Discounts do not apply to those patients on Our Current PPO plans.*

Cancellation Policy

We recognize that in today's busy world, adhering to a schedule is important in order to maximize time and meet the demand of our daily lives. Therefore, we have developed a cancellation policy that is fair to both our patients and our practice.

_____ We request 24 hour (business day) notice for cancellations or rescheduling of appointments.
Please initial

_____ Cancellations less than 24 hours will be billed at \$50/hour unless we are able to fill the cancelled
Please initial appointment.

_____ "Failure to Contact Fee" of \$75/hour will be charged if you do not call our office to let us know you
Please initial are unable to keep your appointment and simply do not show up.

When we schedule appointments we are reserving a specific amount of time to treat your dental needs. Although we understand that in life, at times, unforeseen events and emergencies arise. We appreciate and value your time as much as we do our own. If tardiness or cancellations become habitual, we reserve the right to charge an appointment cancellation fee or terminate a patient's care at our office.

I have been informed and agree to the policies for the office of Dr. Amanda Donnelly

Patient Signature: X _____

Date: _____