



*"Caring dentistry for a
lifetime of beautiful smiles"*

Hawthorn Woods Family Dental Care, P.C. and Orthodontics

*Jeffrey R. Copeland, D.D.S.
John, C. Edgar, D.D.S., F.A.G.D.
Shaun Varghese, D.D.S., M.S.*

Appointments

Your scheduled appointment time has been reserved for you. We require a 24 hour notice to change a scheduled appointment. A \$90.00 per hour fee for all changes less than 24 hours will be charged to your account.

Insurance

As a service to our patients your insurance claims will be sent electronically by our office the same day of your appointment. Your estimated patient portion is due at the time of service. Insurance companies only estimate your benefits and do not guarantee payment or provide the plan provisions of your policy. Our Insurance Coordinator will help you maximize your benefits.

Self-Pay Patients

All services will be paid in full the day of service. Our office accepts Cash, Check, Master Card, Visa or Care Credit. Our office has a Yearly Preventative Plan for the care of our self-pay patients. Please inquire at the front desk.

Minor Patients

A parent or legal guardian must accompany your child or you may call the front desk and advise otherwise. A parent or legal guardian is responsible for full payment at the time of service for your child.

Returned Checks

A \$35.00 fee will be charged to your account for all checks returned for non-payment.

Collections

In the event your account is turned over to an attorney for collection or the account is collected through any judicial proceeding, the undersigned shall pay all costs of collection, attorney fees, agency fees, court costs and finance charges.

I ACCEPT THE TERMS OF THIS AGREEMENT. Date _____

Patient Name _____

Patient Signature _____

Responsible Party Name _____

Responsible Party Signature _____