

MICHAEL L. DANZE, DMD
10610 Independence Pointe Parkway
Matthews, North Carolina 28105
Telephone (704)845-2477

FINANCIAL/OFFICE POLICIES

1. Payment is due at time of service unless prior arrangements have been made.
2. Insurance deductibles and co-payments are due at the time of service.
3. We ask that completed treatment be paid in full prior to starting a new phase of treatment.
4. Crowns are to be paid either in full at preparation date, or 50% at preparation date with remaining balance due at delivery/seat date.
5. Bridges, Partial dentures, and Full dentures are to be paid in full at start of treatment, or in 1/3 payment: Initial visit, try-in visit, delivery/seat visit.
6. Upon approval, payment plans may be extended to 90 days.
7. **Composite fillings may not be covered by your insurance company on posterior (back) teeth, or they may pay them at the amalgam(silver) fee. Any differences in fees will be the patient's responsibility.**
8. Dr. Danze has reserved time for your dental appointment. We ask that you please give us at least 24 hours notice upon canceling your dental appointment. If you fail to show, or give us less than 24 hours notice for the scheduled appointment, there will be a \$25.00 charge to your account for every hour booked.
9. All accounts over 90 days will be subject to a 1.5% interest charge per billing cycle.
10. Patient is responsible for any amount that insurance does not cover.
11. Due to the importance of your scheduled appointment, if arriving more than 15 minutes past appointment time, it may be necessary to reschedule your appointment out of respect for our other patient's time.

Patient Signature: _____

Date: _____