



PATIENT SERVICE DISCLOSURE

OUR COMMITMENT TO YOU

Ionia Family Dentistry is committed to excellence in serving the dental health interests of our patients through individualized care. This commitment covers every aspect of the patient experience: including dental care, education, financial planning, and the environment in which these services are provided.

YOUR APPOINTMENTS

Ionia Family Dentistry has hours to accommodate most patient’s schedules. We do, however, ask if you are unable to keep your appointment to please give us at least 24 hour notice or your appointment slot may be offered to another patient.

See Appointment Cancellation / No-Show Policy form.

FINANCIAL OBLIGATIONS

We require payment at the time of service. We have several options to help pay for your dental treatment.

1. Cash, Check, Money Orders, or Credit Cards are accepted.
2. Care Credit – *a dental credit program, no interest payment plan upon approval only*
3. Payment Plans – *upon approval only*

ADDITIONAL FEES

There will be a \$25 fee added to your account for any RETURNED CHECKS.
Submission to treatment implies consent as outlined in this service agreement.

FINANCIAL CONSENT

The patient (or guardian) agrees to be fully responsible for the total payment of the procedures performed in this office; including any treatment not a benefit of any dental insurance the patient may have.

I certify that I have read, understood, and agree to these terms and conditions.

Patient Signature
(Parent or Guardian if patient is under 18 years)

Date