

**Financial Policy**  
**Schroer Periodontics and Implants**  
**Dr. Michael Schroer**

Thank you for choosing our office for your periodontal needs. Please read and sign our Financial Policy before seeing the doctor. We would be happy to answer any questions you may have.

**Payment in full is due at the time services are rendered. We accept Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit.**

**For our patients with dental insurance.** We are **not** an in-network provider with any dental insurance company. As a courtesy to our patients who have dental insurance, we will gladly file your claim for you. Please check with your insurance company to confirm that you have out-of-network benefits. We do not file secondary or medical insurance.

**Appointments:** Each scheduled appointment entails specialized preparation to offer you the best possible care and the time is reserved specifically for you. We require a deposit of \$75 per hour to schedule **recommended treatment** with our hygienist and \$100 per hour to schedule with Dr. Schroer. We request that patients give a minimum of 2 days' notice to change a non-surgical appointment and 4 days' notice to change a surgical appointment. Patients who fail to keep their appointment or give proper notice will forfeit their deposit.

**I have read the financial policy and agree to abide by the terms outlined in this agreement. I understand and accept my financial responsibility.**

Signature \_\_\_\_\_ Date \_\_\_\_\_