BLUE HERON DENTAL

Dr. Holly Green and Dr. Sarah Lyden

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OFFICE POLICY

I understand that it is a courtesy of Blue Heron Dental to submit a dental claim to my insurance company on my behalf. It is also understood that it is my responsibility to provide this office with current dental insurance for the claim. All services rendered to me are ultimately my responsibility.

If I fail to keep my appointment or cancel less than 24 hours before my appointment, I agree to pay a $50.00 fee.

I am to pay any copayment or deductible at the time of service.

I am subject to a $35 returned check fee for any processed and returned checks.

Blue Heron Dental reserves the right to charge my account an interest rate of 6.4% monthly in the event that a balance on my account remains longer than 90 days. If my account should be turned over to a collections agency, I will be responsible for collection agency fees, service fees, attorney fees, and court costs.

Patient Signature____