

Eleni Callis, D.D.S., P.L.L.C

25110 Telegraph Rd.
Brownstown, MI 48134

Family Dentist

Telephone: (734) 783-5255
Fax: (734) 783-5228

OFFICE POLICY

We are extremely pleased that you have chosen our office to serve your dental needs. Our staff is looking forward to helping you with any concerns that you may have and help you in maintaining excellent dental health.

Besides staying in touch with the latest technology to bring our patients the best dentistry possible, we strive to keep our costs at a reasonable level. In an effort to keep fees reasonable and to continue providing quality care, we maintain the following payment policy:

1. Social security number **must be provided** for patients over the age of 18.
2. Payment for all dental treatment is expected at the time treatment is rendered.
3. Cash, Check, MasterCard, Visa, Discover, American Express and Care Credit are accepted.
4. For any returned check unpaid, there will be a minimum of a \$30.00 fee.
5. Treatment requiring multiple visits insurance co-pay is to be paid ½ on the date of the initial appointment and the balance in full upon delivery or completion of the treatment.
6. **Cancellations must be cancelled by the end of the business day prior to your appointment** to avoid fee. Short notice cancellations and missed appointments may be subject to a \$50.00 No show/Cancellation fee.
7. Any accounts requiring a statement maybe charged a 15% late fee on the balance not paid by the due date.

For those patients with Dental Insurance:

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible.

Please remember your insurance policy is between you and your insurance company not with the insurance company and Eleni Callis, D.D.S., P.L.L.C. We are happy to bill your insurance carrier, however we do require payment for any uncovered services, deductibles, co-payments or out of network liabilities to be paid at each appointment. For more extensive dental treatment, you will be given an **ESTIMATE** of what your insurance company is expected to pay, and any co-payments or out of network liabilities will be handled according to the above financial policy. While filing of insurance claims is a courtesy we extend to our patients, ultimately all charges are your responsibility for the date services are rendered in the event your insurance does not pay what was originally expected. If your insurance company declines payment after the initial submission, it is your responsibility to contact your insurance company for payment. Therefore, you are responsible for payment in full on your account.

Signature _____ Date _____
Patient or Legal Guardian