BOWLING & DUNN
FAMILY DENTISTRY

Thank you for choosing Bowling & Dunn Family Dentistry for your dental care needs. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several different payment options.

Options you can choose from:
1. Cash
2. Check
3. Credit card (Mastercard, Visa, Discover, American Express)
4. Money orders
5. Care Credit (No interest payment plans available.)

Please note:
Bowling & Dunn Family Dentistry requires payment upon completion of your treatment.

For patients with insurance we are happy to work with your carrier to maximize your benefits and directly bill them as a courtesy to you. Estimated co-payments and deductibles are required at the time of service.

Any balance that is not paid within 90 days from the date of service is subjected to a collection process.

We charge $30.00 for returned checks and an additional $3.00 to reprocess the check.

A fee is charged for patients who miss two or more appointments in a year. Kindly give 24 hours notice if you need to reschedule. This time could be used to treat another patient. We understand unexpected events arise and we try to work with families the best we can. The fee for a second missed appointment is $50.00. If there are three or more missed appointments in a year, the patient and family may be dismissed from the practice.

As a result of Medicaid policy changes, for patients with WV medical card and CHIPS insurances, if an appointment is missed we reserve the right to not reschedule you.

If a patient is dismissed, for the next 30 days our office will only provide emergency dental care. After this time, no services will be provided. You may contact us to have your records transferred to your new dentist.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian Signature   Date

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Patient Name (Please Print)