

Office & Financial Policy

As one of our patients we would like to keep you informed of our current office and financial policies.
We ask that you read and sign this document prior to your visit.

Insurance and Payments

- **Dental Coverage** – It is your responsibility to be aware of your benefits. We will call and get a general break-down of your dental benefits. This will allow us to provide you with an **estimate** for your treatment. We encourage you to independently verify and familiarize yourself with your plan. At any time we would be happy to go over your benefits with you. **If your insurance plan or your covered benefits change, it is your responsibility to notify us immediately.**
 - **PPO Plans** – We can file your insurance claims along with the required documents and your insurance company will reimburse us directly for covered benefits. If we participate with your PPO plan, your carrier requires that all co-pays be paid at the time of service. The co-payment requirement can-not be waived by our practice, as it is a requirement placed on you by your insurance carrier. We will **estimate** your patient portion before we begin treatment. Please remember we can only give you our best estimate. Payment of your **estimated** portion is due at the time of service. Any remaining balance after your insurance has paid is your responsibility. If your insurance paid more than expected we will issue a refund or credit your account.
- **No Insurance** – Full payment will be due at the time of service.

Appointments

- **Cancelled Appointments** – Time for your dental appointment is reserved for you. Time, trained personnel and dental equipment are reserved for each procedure. If you are unable to keep an appointment please call us as soon as possible.
- **Broken Appointments** – We understand that emergencies arise; however, appointments that are missed or cancelled with less than 24 hours notice are considered to be a broken appointment. Broken appointments add to the cost of dental care when reserved facilities are left waiting empty. A cancellation fee of **\$50 per hour missed** will be charged if we are unable to fill the broken appointment and less than 24 business hours notice had been given or no notice at all.
- **Repeat Broken Appointments** – Multiple broken appointments may result in the dismissal of the patient from the practice. Broken appointment policy is as follows:
 - **1st Broken Appointment** – The patient is charged a cancellation fee.
 - **2nd Broken Appointment** – The patient is charged a cancellation fee and a deposit for future appointments is collected.
 - **3rd Broken Appointment** – After three broken appointments within a 12- month period, the patient is subject to dismissal.

General Policies

- **Account Balances** – Outstanding balances on your account are discouraged and must be cleared within 30 days of receiving your statement. Appointments for non-emergency treatment may need to be postponed pending payment of outstanding balances. Delinquent balances over 60 days are subject to formal collection action and you will be responsible for collection charges incurred.
- **Late Fees** – Full payment or balance due is due upon receipt of receiving a statement. Balances 30 days or older are subject to an interest rate charge of 10% per month.
- **Accepted Payments** - We accept cash, checks, Visa, MasterCard, Discover, and American Express. We also offer financing with Care Credit.
- **Returned Checks** – A \$35.00 charge will be added to your account for any check returned by your bank for any reason.

I, _____ have read and understand these policies.
Name

Patient Signature

Date