

OFFICE POLICIES

Welcome to our practice! We are committed to providing you with the best possible dental care and to keeping you informed of treatment recommendations. In order to achieve these goals, we need your assistance in understanding our payment policy. Please read the following and acknowledge your understanding by signing below:

FOR PATIENTS WITH DENTAL INSURANCE:

- Dental insurance benefits are subject to limitations, exclusions, deductibles, co-payments and maximum benefit coverage. If covered by more than one benefit plan, please inform us. Our office coordinator will prepare all the necessary forms for this important benefit. However, we remind you that our policy is an agreement between you and your insurance company, not between your insurance company and our office.
- It is your responsibility to notify us of any changes in your plan. We will do our best to **estimate** your patient portion. We can make no guarantee of any estimated coverage, but we will do our best to see that you receive your maximum benefits. If your insurance company *denies* payment for any procedure for any reason, such as a change in your benefits, you will be responsible for the full cost of the treatment. Not all services are covered in all insurance contracts. Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less covered than anticipated.

FOR PATIENTS WITHOUT DENTAL INSURANCE:

- Many patients do not have dental insurance. **Payment is due at your time of service.** As a courtesy to our patients, we do have finance options available and accept major credit cards to make dental care more affordable.

FINANCIAL RESPONSIBILITY FOR ALL PATIENTS:

- **All co-payments, deductibles, and other fees are due at the time of your treatment / service.** For certain procedures, partial payment may be required in advance of treatment. We accept *Cash, Checks.* *There is a \$25 fee for all return checks.*

Please notify us at least **48 hours in advance** if you need to cancel or change your appointment time. This will allow us enough time to fill our available slot to treat another patient. Please remember that the staff sets aside a designated amount of time for your particular type of treatment. **Failure to give us 48 hours notice will result in a \$20 for ea. 15 minutes broken appointment fee.** We appreciate your understanding of the importance of keeping appointments is to the staff and to our other patients.

We hope that by presenting our policies to you in the beginning, we can avoid any misunderstandings and, therefore, dedicate more time to your dental care. If you have any questions, please do not hesitate to ask... we are here to help! Thank you for choosing our practice for all of your dental and oral care needs.

I have read and understand all of the policies listed above and have completed the Patient Questionnaire and Registration Forms. I will notify you of any pertinent changes in my health status, patient or insurance information.

X

Patient, Parent or Guardian SIGNATURE

Date