OFFICE POLICIES AND GOALS

Our Financial Policy

Thank you for choosing us to serve your dental health needs. We are committed to your treatment being successful. Please understand that payment of your bills is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read, agree to and sign prior to your treatment.

All patients must complete the Patient Information form, HIPPA and the Office Policies and Goals form.

- Full payment (or the "estimated patient portion", if insured) is due at time of service
- We accept cash, debit and credit cards
- We do offer an extended payment plan with prior credit approval. (this includes Care Credit)
- You are responsible for your account with the office (regardless of whether or not there is insurance involved).
- You agree to reimburse us the fees of any collection agency, which may be based at a maximum of 50% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts

Regarding Insurance

We consider our fees to be a matter between you and our office, regardless of insurance coverage. Rarely does an insurance plan cover all expenses involved in treatment other than preventative care, which are usually (but not always) covered at 100%. (Sometimes there is a deductible involved for preventative care). We take pride in doing everything possible to help our patients utilize and maximize their insurance benefits. We file insurance as a courtesy to our patients. Please understand that every effort is made to let you know what your estimated portion may be from your insurance company. We also will provide you with what your estimated financial responsibility, for that visit, will be. We do expect your estimated portion to be paid on the day of service. All benefits are an estimate and are not a guarantee for payment. The insurance policy is a contract between you and your insurance company. We are not party to that contract. Our office allows 60 days for benefits to be received in this office from the day of treatment. After that time, you are expected to reconcile your balance immediately. Again, we do everything possible to assist the insurance company to make benefit payment in a timely manner. To keep you informed of processing your claim, the insurance company should send you a copy of the "explanation of benefits". This is printed on the insurance form after treatment is performed.

Missed Appointments

Each of your scheduled appointments is a designated time that has been "*reserved"* just for you! We respect your time and ask that our patients do the same for us. If you should find that your appointment needs to be changed, a 24 hour notice is required. A cancellation fee of $35 will be charged to those not fulfilling this requirement. Please help us serve you better by keeping your scheduled appointment(s).

Minors

The adult accompanying a minor and the parent(s) or guardian is responsible for full payment (estimated portion due, if insured). For unaccompanied minors, payment arrangements must be made in advance with payment accompanying the minor the day of treatment. Thank you for understanding our financial policies and goals for service to our patients. We thank you for choosing us to serve your dental health needs! Please let us know if you have any questions or concerns.

Authorization

I hereby authorize payment directly to the Dental Office of the group insurance benefits, otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize the Dental Office to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the dental/medical histories are correct to the best of my knowledge. I grant the right to the dentist to release my dental/medical histories and other information about my dental treatment to third party payers and/or other health professionals.

Patient or Responsible Party_____ Date_____

□Adult □Father (husband) □Mother (wife) □Guardian