



OFFICE POLICY, PROCEDURES AND INFORMATION

Thank you for choosing our office for your dental care. We are committed to the success of your treatment. The following information is to help reduce any uncertainty as it pertains to the office's practice in regard to fees, cost-shares, payments, billing and canceling of appointments.

PAYMENT

Payment is expected at the time the service is rendered. If you use your insurance benefits, your cost-share is determined by your **insurance plan** and can include a deductible. Payment of the cost-share and deductible is considered your responsibility and not that of the insurance company.

INSURANCE

We contract with several insurance companies and will use the "schedule of maximum allowable charges" as our fee basis for covered services. If we do not contract with your insurance, we will still accept assignment of insurance benefits to be paid directly to our office. We verify all insurance coverage and while we strive to be as accurate as possible, as far as your benefits are concerned, insurance payment amounts may be **more or less** than our estimate. This could result in an additional amount to be paid by you after insurance is processed.

CANCELLATIONS AND MISSED APPOINTMENTS

When appointments are scheduled, this time is set aside for you. In the event of your need to cancel, please do so 48 hours in advance. If 48 hours notice is not given, you may be subject to a charge of \$25.00 per ½ hour for Hygiene visits and \$40.00 per ½ hour for Doctor visits. Please consider your schedule carefully when scheduling appointments.

By initialing here, I acknowledge that I am aware of the missed appointment policy _____.

OTHER FEES/CHARGES

Returned checks will be subject to a \$35.00 fee. Outstanding balances older than 45 days may be subject to an interest charge of 1.5% per month. When an outstanding balance has to be forwarded to our collection agency, you will be responsible for any collection costs incurred.

Any questions regarding these policies and procedures should be directed to our Practice Administrator at your initial visit. Your signature indicates that you understand and agree to comply with these policies, payment agreement and procedures.

Signature of Patient or Responsible Party

Date