

### **COMMITMENT TO APPOINTMENT POLICY**

All patients are treated on an appointment basis only. Your appointment time is reserved exclusively for you. **FREQUENT CANCELLATIONS OR SHORT-NOTICE CHANGES (LESS THAN 24 HOURS NOTICE) INTERFERE WITH THE ORDERLY RUNNING OF THE PRACTICE AND MAY BE CHARGED A FEE OF \$50.** If you arrive at your appointment late, your appointment may be rescheduled to allow the doctor the appropriate time that he needs to render services. In addition, every attempt is made to see patients on time. We request that you be prompt for all scheduled appointments. We are careful to schedule our appointments appropriately, and if we keep you waiting too long, please let us know.

### **EMERGENCY APPOINTMENT POLICY**

It is our policy to see all painful emergencies the day the patient calls our office. We make every attempt to see the patient at a time when minimal disruption to our schedule will result. This is not always possible and we may, therefore, be thrown "off schedule." We apologize to our regularly scheduled patients for this inconvenience; however, we feel that every patient in pain should have prompt treatment to relieve that pain when possible.

### **FINANCIAL POLICY**

No business or practice can fulfill its mission to its patients when a bond of trust is violated by failure to pay for services. Please note that our fees increase periodically. We will honor our fees on treatment plans for six months after the date these fees were quoted to the patient.

### **FOR OUR PATIENTS WITHOUT INSURANCE**

We ask that accounts be kept current and up to date by paying for services as they are rendered. By reducing the tremendous costs of billing and bookkeeping each month, we strive to offset many of our other increased costs.

**Payments can be made by cash, check, Visa or MasterCard. However, if a check is returned to our office due to insufficient funds, a fee of \$50.00 will be charged to the account.**

We understand that some dental services can present a financial challenge to our patients. Therefore, in order to provide the necessary care recommended, an extended payment option is available when needed.

After the doctor presents the treatment plan to the patient and the cost of the dental care has been established, two options are available to the patient without dental insurance.

1. Payment is due in full when services are complete.
2. For larger treatment plans financial options are available for you. Please ask a staff member if you have any questions.

### **FOR OUR PATIENTS WITH DENTAL INSURANCE**

We will make every attempt to assist you in keeping your insurance submittals up-to-date. After each visit where dental services are completed, an insurance claim will be sent to your insurance company. You will be asked to assign payment of benefits to the doctor. You will also be asked to pay some or all of you patient portion at this time. When your insurance payment is received at the office and assigned against the appropriate claim, the remaining balance (if any) will be billed to the patient. **Payment is expected within 30 days regardless of insurance status at that time.** It is the patients responsibility to keep dental claim status current.

We file insurance claims as a service to our patients. There are several facts that we ask you to keep in mind:

1. Your dental insurance program is a contract between you, your employer, and the insurance company. We **are not** a party to that contract.
2. Not all dental services are a covered benefit in all contracts.
3. You, the patient, are ultimately responsible for the **TOTAL** cost of your dental care.

Should major services be needed, a PRE-TREATMENT ESTIMATE can be sent to your insurance company requesting an estimate of coverage for services to be completed. Upon reply from the insurance company, an appointment will be scheduled. The estimated balance due is expected at the time services are completed. If the Pre-treatment Estimate is not back before the services are complete, we will estimate the monetary amount to be placed on account based on the usual and customary policies of the average insurance company.

### **BILLING**

Bills are sent out monthly and are printed out on the last day of the month. The balance due is payable within 30 days. Any account which goes unpaid for more than 30 days may be billed to a major credit card with the patient's authorization on file. All other accounts are subject to a monthly billing charge of \$3.00 or 1.5% which ever is greater. We understand that special circumstances occur in any patient's life and this is why we provide different financial options for our patients.

### **TREATMENT AUTHORIZATION AND ACKNOWLEDGEMENT**

I consent to examination as necessary or desirable, and/or care of the registered patient, for the diagnosis of dental disease, or treatment of the dental emergency. The procedures may include x-rays, intra-oral examinations and photographs. Photographs may be used for educational purposes unless otherwise indicated by the patient. In the case of a dental emergency, I consent to treatment as deemed necessary by the doctor, understanding that the procedures will be explained in advance. I have read and completed the questionnaire to the best of my knowledge and agree to the above policies.

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Patient, Parent, or Legal Guardian

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Date