

OFFICE POLICIES

Financial Policy

We accept cash, checks, American Express, VISA, MasterCard, Discover and CareCredit. A \$30 fee will be charged on all returned checks. Use of dental insurance as a co-payment is explained below.

Dental Insurance

We understand dental insurance benefits are important to most of our patients. We are happy to work with your insurance company to maximize the benefits you deserve from your plan. Should you wish to assign insurance benefits to our office, after paying your co-insurance portion, we are pleased to accept them. However, if your insurance has not sent us payment within 60 days, we ask you to promptly clear the account. We will then continue to help you receive reimbursement from your carrier. Insurance companies often delay payment to providers of dental service while paying more promptly to you, the insured. Insurance companies also pay according to usual, customary and reasonable, or UCR. Benefits for the same procedure on the same day vary tremendously from carrier to carrier. Due to variances in UCR, we collect 50% of the fee at the time of service for any procedure other than examinations, cleanings & x-rays. This helps us limit the costs of services to our patients by sending out fewer statements. Please be aware that you, not the insurance company, are ultimately responsible for payment of dental services.

Missed Appointment Policy

We realize that emergencies and unexpected schedule changes may make it necessary for you to change an appointment. If you know you need to reschedule your appointment, we ask that you please notify us at least 2 business days before the appointment. Your appointment time is reserved only for you, therefore it is very important that you honor your appointment choice. We will attempt to confirm appointments as a courtesy but you are expected to keep your appointment whether we can reach you or not. Failed appointments are subject to a "recommitment fee." Our commitment is to be prompt, present, prepared and ready to serve you. Keeping scheduled appointments is your commitment.

X _____
Patient Signature Date

X _____
Witness Signature Date