

PATIENT POLICIES

IF YOU DO NOT HAVE INSURANCE, 100% payment is due at the time of treatment. For your convenience, we accept cash, check, MasterCard, Visa, Discover and American Express.

IF YOU HAVE INSURANCE, it is our pleasure to assist you in maximizing your insurance benefit by filing your claims. We file your primary insurance as a courtesy and do not require 100% out of pocket payment for procedures that are partially covered; however your co-payment will be due at the time of service. The range of benefits depends solely on what your employer wishes to purchase. **We do not accept secondary insurance as a form of payment.** You are responsible for filing all claims with your secondary insurance for direct reimbursement.

Some plans base the amount of benefit on a schedule of fees arbitrarily developed by insurance companies. For this reason you may receive a lower percentage (an alternate benefit) than the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of a specific treatment, it means 80% of the fee arbitrarily determined by the insurance company and not the actual fee charged by our office.

After treatment, at the time of check out, your estimated portion is due. Please understand that the estimated portion is only an estimate of our charges and is based upon insurance information available. We allow up to 30 days from the date services are provided for insurance payments. When we receive payment from your insurance company or receive confirmation that the claim was denied, it is your responsibility to resolve any unpaid account balance.

FEES- The financial obligation for dental treatment is between you and our office. The insurance company is responsible to you and your employer, not our office. Claims are filed on the same day of service. If for any reason we have not received your insurance carrier's payment 30 days after the claim has been processed, the remaining balance will be due and payable by you. All co-payments, insurance deductibles, and the estimated portion not covered by your insurance policy will be due and collected at the time service is rendered. We accept cash, check, MasterCard, Visa, Discover and American Express. Unpaid balances exceeding 90 days will be turned over for collection. In that event, all processing costs and a collection fee of \$25.00 will be added to by our account balance. If your check payment is returned for insufficient funds or due to a closed account, a \$50.00 processing fee will be added to the account. All future payments must be made by cash, cashiers check, or a valid credit card at the time that your service is provided.

APPOINTMENTS: LATE/MISSED/CANCELED/CONFIRMED-We understand that emergencies arise, however, we will be unable to see a patient who is more than 15 minutes late for a reserved appointment as this interferes with other patients' schedules. If you find it impossible to keep an appointment and need to reschedule, we require 48 hours' notice (business days Mon thru Thurs) for all changes as well as for all confirmations. All cancellations received less than 48 hours' will incur a \$50.00 fee per hour scheduled for each appointment. Confirming less than 48 hours may also result in an appointment cancellation or change without notice.

AUTHORIZATION AND RELEASE- I authorize and request my insurance company to pay directly to the dentist any insurance benefits otherwise payable to me. I authorize the doctor to release all information necessary to secure the payment benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of this signature on all insurance submissions.

Patient/Guardian Sign and Print

Date