

Office Financial Policy

WE REQUIRE NOTICE OF CANCELLATIONS 24HRS IN ADVANCE.

A FEE OF \$50 IS CHARGED FOR PATIENTS WHO MISS/CANCEL AN APPOINTMENT SAME DAY.

(Repeated missed appointments or lateness without notification may cause you to be discharged from the practice.)

Those without dental insurance: Payment is due at time of service. Please indicate your choice of payment:

Cash

Credit Card/ATM

***Note: Personal checks will not be accepted. Thank you.**

Those with dental insurance: Please remember your insurance policy is a contract between you and your insurance carrier. We will, as a courtesy, bill your insurance and help you receive the maximum allowable benefit under your policy. It is your responsibility to provide all necessary insurance eligibility, identification, authorization and referral information and to notify our office of any information changes when they occur. Remember, even a pre-authorization of services does not guarantee payment from your insurance. It is the patient's responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all charges. When insurance is involved, we are contractually obligated to collect co-payments, co-insurance and deductibles, as outlined by your insurance carrier. Your insurance company will provide the estimated portion they are going to pay. This varies for each individual; usually 20-80% of the cost of the procedure is required at the time of the service.

Please keep in mind insurance companies routinely indicate that coverage verification does not guarantee payment.

*If your insurance company pays less than the estimated amount, you will receive a statement from this office. **If no payment is received within 90 days of first statement, your account will go into collections.**

NOTE: If your insurance company does not reimburse us after 2 submissions, you will be responsible for the remainder of the balance since we were unable to collect from them.

Timeliness of Appointments

Please arrive promptly to your appointment; we have reserved this time for you. If you are going to be more than 10 minutes late there may be a possibility that your appointment may need to be rescheduled.

- **MOST INSURANCES DO NOT COVER NITROUS OXIDE (SWEET AIR). IF YOUR PLAN DOES NOT COVER IT, IT WILL BE \$50.**

I have read, understand and agree to the above financial policy.

Patients Name (print Name) _____

Parent/Guardian or Subscribers signature: _____

Date: _____

(Parent or guardian signature if patient is under 18 years of age).

****Has there been any changes in patient's health or in your insurance since the last dental appointment?**

Yes or No If anything changed we will need to update the health history form.

Date: _____ Parent/Guardian Signature: _____