

## OFFICE POLICIES

### *About Direct Billing*

As a courtesy to you we will bill your insurance directly only when complete and accurate information is provided prior to treatment. You are responsible on the SAME DAY OF TREATMENT to pay for any balance not covered by the insurance. For your convenience we accept cash, debit, Visa or Mastercard.

Please note that most insurance companies rarely cover 100% of any dental fees and in some cases may cover less than 50% of dental fees... or nothing at all. It is YOUR RESPONSIBILITY to know the details of your plan such as annual maximums, deductibles, frequencies and any other limitations.

If insurance plan details cannot be provided on the day of treatment you will be responsible for the ENTIRE amount of the appointment..

If for any reason your insurance has denied your claim (ie. "This service is not a covered expense"; "We cannot locate the patient with the information provided") full payment of your account is required.

### *Appointment Reminders*

Please note that it is your responsibility to keep track of your appointments. As a courtesy to you we try to make confirmation calls and/or send out cards prior to your scheduled appointment. We do everything we can to make you aware of any upcoming appointments but ultimately it is up to you to remember.

### *Changes to Appointments:*

Our office requires a minimum of 2 working days notice to reschedule an appointment. We reserve our treatment time exclusively for you so therefore this advance notice allows us to see another patient in need of care.

Our office looks forward to a long relationship in the care of your oral health. Please do not hesitate to ask us about any concerns or questions you may have.

I have read and understood the above policies.

Date\_\_\_\_\_ Signature of Patient,Parent/Guardian\_\_\_\_\_