

Our philosophy is to provide the highest quality of patient education and dental care to all of our patients. To ensure that you begin with a positive experience we have prepared the following information for you to review. Please feel free to let us know if you have any questions or concerns.

EXPECTED PAYMENT

In order to keep our fees to you as low as possible, we ask that payment be made at the time of service. For your convenience we will provide you an estimate for services in advance of your appointment/s to ensure you opportunity to plan for your dental care whether you privately pay or have dental insurance to assist you with the care you need and want.

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DENTAL INSURANCE

We are happy to file your dental claims to assist you in receiving the full benefits of your coverage. We ask that you familiarize yourself with your insurance benefits, and provide us the correct information for the submittal of your claims. We will accept the estimated insurance payment directly from your insurance company provided payment is received from them within 60 days. Please remember that your insurance is a contract between you, your employer, and the insurance company; therefore, we cannot guarantee any estimated coverage. Not all services are covered benefits in all contracts; therefore, you are ultimately responsible for the total amount of your dental fees. The treatment recommended for you is indicated regardless of your dental insurance benefits, deductibles, limitations, or maximums.

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PAYMENT OPTIONS

We realize that every person's financial situation is different. For this reason and your convenience we provide a variety of payment options to help you receive the quality care needed to enjoy a healthy and confident smile. Please identify which form of payment is most convenient for you at the time of service.

Cash or Check _____ Visa / MasterCard _____ Extended Payment Options _____ (Please see below)
Should you desire a monthly payment plan we invite you to complete a simple finance company application. There are no application fees or a down payment and the loan can be interest-free. Approval is provided to you quickly.

PAST DUE BALANCES

Any balance owing from a prior visit where insurance is not pending, or an insurance payment has not been received within 60-days, or the account has been sent to collections is considered past due. Payment of any past due balance is required to be paid in full before incurring new charges. All balances over 60-days are subject to a 1.5% rebilling fee.

CANCELLATION NOTICE

If you are unable to keep an appointment that has been reserved for you, we request that you provide us with a 24-48 hour courtesy notice. The earlier you notify us ensures that we can offer you a more convenient appointment and it allows us more time to invite another patient in for the care they need which fills the open time you are unable to keep. We realize that emergencies do occur and we will be flexible under those circumstances.

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INFORMATION CHANGES

To ensure your records are current please notify us of any changes related to your medical history, telephone number/s, address, employer or insurance information as they occur.

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My signature indicates that I understand that policies as outlined and any questions I have with regard to office policies have been answered.

Signature of Responsible Party or Patient

Date

My signature indicates that I have reviewed the office policies with the responsible party and/or patients.

Signature of Staff Member or Doctor

Date