

Thank you for choosing our office. In our effort to benefit our communication with you, we ask that you read and understand the information below regarding our financial and insurance policies.

INITIAL

_____ * Your dental benefits are based upon a contract between your employer and an insurance company. **If you have any questions regarding your dental benefits please contact your employer or insurance company directly.**

_____ * We gladly accept all private care insurance plans (plans that do not require you to select a dentist from a list). This means we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. We will be happy to file a “pre-treatment authorization” with your insurance company prior to treatment, but keep in mind this is still not a guarantee of coverage and it may delay treatment; however it will give you the exact out of pocket figures you may require.

_____ * We will bill your insurance as a courtesy. If insurance does not pay within 90 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but because your insurance is a legal contract between YOU and the insurance company our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

_____ * We require payment in full for your portion at the time of service. We accept Visa, Master Card, American Express, Discover, cash and checks. If you are in need of an extended finance option, we also work with Care Credit, who offers 3, 6 or 12 month “same as cash” terms designed to meet your treatment plan needs.

_____ * When we reserve time for you to spend with our team it is exclusively for you. We respect your busy schedule and unless an unforeseen dental emergency interrupts our schedule, we will be on time with your appointment. We ask that you have the same regard for us and not allow any failed appointments, late arrivals, or cancellations without proper notice. **We do not change appointments within 48 hours of the time.** If you cancel an appointment within 48 hours or fail to show up for a scheduled appointment there is a \$50.00 fee for every ½ hour of appointment time. So please call at least 3 days in advance should you need to change your appointment.

I understand and agree to the above policies.

Signed _____ **Date** _____