



## FINANCIAL and RESCHEDULING POLICIES

We are committed to providing you with the best possible care and are willing to discuss our professional fees and services with you at any time. Your clear understanding of our Financial and Rescheduling Policies are important to our professional relationship. Please feel free to inquire further if you do not understand any items contained below.

We accept cash, personal checks, and major credit cards including Visa, MasterCard, Discover, and American Express. We also offer treatment financing through Care Credit and the Lending Club. Please Note: **PAYMENT IS DUE IN FULL AT THE TIME OF SERVICE UNLESS OTHER PREVIOUS FINANCIAL ARRANGEMENTS HAVE BEEN MADE.**

### IF YOU HAVE DENTAL BENEFITS/INSURANCE

Dental insurance is a contract between you and your insurance company. We feel it is your responsibility to understand the extent and limits of your coverage, and to provide our office with accurate information to process your claim efficiently (i.e. insurance company address, phone number, etc.). It is not our place to enter into disputes between you and your insurance company regarding deductibles, copayments, etc. other than to provide factual information. *We are not "in-network" or directly participate with any dental Insurance/benefits programs;* however, as a courtesy, we do process your claims electronically on your behalf so reimbursement can be made promptly and directly to you. Certain conditions may apply to your financial arrangements that may require your authorization for release and assignment of benefits. Your signature below authorizes us to offer this when it applies to your situation. Please know we will do everything legally in our power to help you maximize your insurance/benefits. We understand that certain dental procedures are expensive and often require a pre-determination of benefits prior to beginning treatment. Please know we are more than willing to assist in the process of obtaining a pre-treatment estimate so there are no financial surprises for all parties involved.

### RELEASE AND ASSIGNMENT OF BENEFITS

I hereby authorize this office to release to your benefit program or its representative any information including the diagnosis and the records of any treatment or examination rendered to me. I authorize, if applicable, payment to be sent to this office.

### RESCHEDULING POLICY

We understand unforeseen situations arise, commitments need to be changed, and people get sick etc. However, we do ask that if a situation arises and you are unable to keep your reserved appointment that you provide us with as much advance notice as possible, ideally a minimum of 24 hours. Since your appointment time is reserved exclusively for you, this advanced notice provides us an opportunity to offer your appointment time to someone else in need. If you reschedule an appointment less than 24 hours advanced notice, simply forget, or just plain blow us off we reserve the right to charge your account a \$50.00 late rescheduling fee. Please understand we do not enjoy enforcing this policy, yet feel it is necessary so we ensure we are respectful of each other's time. If you need to reschedule an appointment, please do so by calling during normal office hours, please *do not* leave a message on the practice voicemail, please call back during normal business hours and speak with someone directly.

### TREATMENT OF MINOR CHILDREN

The parent who accompanies a minor for treatment is responsible for any payments for services rendered at the time of the appointment, regardless of who is the primary insurance policy holder.