

# **PATIENT RESPONSIBILITY POLICY**

## INSURANCE

Because we accept a wide variety of dental insurance, we want to make sure you understand your responsibilities as a subscriber to your insurance plan. There are dozens of insurance companies and each company can have hundreds of different plans, all varying in what is covered, the amount that is covered, timing and age restrictions, and maximums, etc. We will make our best effort to work with your insurance plan.

YOU ARE RESPONSIBLE FOR:

- Confirming that you are currently eligible for insurance benefits;
- Providing us with the most current information about your coverage.

Provisions of your insurance policy may have changed from your last visit. Please make sure that you are aware of the changes so that you can maximize your current benefits. Your insurance company can assist you with this.

Sometimes, following treatment, an insurance carrier may not reimburse us for the expected amount (i.e. because you are no longer covered, you may have gone over your maximum coverage, the specific treatment you received may not be covered under your specific plan, a deductible, or an imposed waiting period). If for any reason your insurance claim is rejected for payment, the unpaid balance will be billed to the person responsible for your account.

We apologize that the complexities of dental insurance makes it necessary for you to confirm your understanding of this policy. Your initials indicate that you understand our INSURANCE RESPONSIBILITY POLICY.

\_\_\_\_\_ (initials)

## PAYMENT

Payment is due at the time our services are rendered to you, unless prior arrangements were made. Accounts not cleared within 30 (thirty) days will be sent to a collection agency and you will be charged 1.5% interest per month and will be charged for any and all collection fees, attorneys' fees, and court costs.

Payments can be made with cash, check, or certain credit and debit cards. All credit card transactions will be subject to a 2.5% fee. Each returned check will be charged \$20.00 (twenty) dollars. The check amount and the fee must be cleared with a cash payment.

No further appointments will be made until outstanding balances are cleared. Your initials indicate that you understand our PAYMENT RESPONSIBILITY POLICY.

\_\_\_\_\_ (initials)

## APPOINTMENTS

In order to best accommodate all of our patients' appointment needs, we need a way to ensure everyone is given the best opportunity to schedule an appointment quickly and conveniently. Every appointment time is reserved only for one person whether it is for 3 minutes or 3 hours. This time includes the set-up and clean-up times. A canceled, missed, or broken appointment is a loss for everyone: you lose because your dental treatment is now delayed, our other patients lose because they may have wanted this appointment time but it was reserved for you, and we lose because a lot of time and energy was spent getting ready for your visit with us. We do provide a courtesy reminder call one business day prior to your appointment. **You are solely responsible for remembering and keeping your appointments with us.**

Effective immediately, any cancellations after 4:30pm of the previous business day to your appointment, you will be charged \$25.00 per hour. Any cancellations on the day of your appointment, you will be charged \$50.00 per hour. If you fail to show up without notice or cancel within the hour of your appointment time you will be charged \$75.00 per hour. Charges will be based per hour or fraction thereof for how long we had our room reserved for you.

We reserve the right to dismiss any patients from our practice who habitually change, cancel, or "no show" for their appointments. We believe this policy will help everyone receive the dental care they deserve in a timely and convenient manner. Your initials indicate that you understand our APPOINTMENT RESPONSIBILITY POLICY.

\_\_\_\_\_ (initials)