

PRACTICE INFORMATION

Last updated: May 2018

Payment is due on the day of your treatment. We gladly accept cash, checks, debit cards, CareCredit, Lending Club and most major credit cards including VISA, MasterCard, Discover and American Express.

Patients who have dental insurance will be asked to pay the deductible and co-pay on the day services are rendered. As a courtesy to our patients, we will contact your insurance company and acquire a breakdown of benefits. Our goal is to be able to inform you of your benefits and how your dental plan works. We can generally provide an estimate of coverage and patient portion due for each visit. Our office will file all claims for you; however, we will not know the exact amount of payment allowed until it is received from your insurance company. We take pride in the care of our patients, and will do our best to make sure your benefits are maximized and claims are handled correctly. We ask you to be familiar with your dental policy, and be aware that some services are not covered. Ultimately, you are the responsible party for your account with our office. If you have overpaid, your account will be adjusted and you will receive a reimbursement check from our office.

Statements and Billing. Our office will send statements when necessary at the beginning of each month. If you receive a statement, you have a balance on your account that is due to be paid upon receipt. If you have a question about your account, please call us as soon as possible. The amount due from you is expected to be paid in full within 30 days of receiving your first statement, there will be a finance charge of 1.5% assessed monthly to each account that is left unpaid after the first statement. If your account balance goes unpaid and is given to a collection firm, then you will be required to choose another dentist to care for your dental needs.

Office Financing. Our office does not offer payment plans. However, as a service to our patients, we accept **CareCredit** and **Lending Club**. CareCredit is a widely used and accepted health care credit card. Lending Club is a financing plan. If you are interested in financing your dental work, you can apply with either online and receive an answer instantly. They both offer affordable payment plans with no money down and interest free options. We feel this is a good choice for patients to receive the dental care they need or desire.

Scheduling and Appointments. A scheduled appointment is time reserved just for you. We respectfully ask that we are given 24 hours notice if you are unable to keep your appointment. A *Broken Appointment Fee* (minimum of \$50.00) will be applied to accounts for an appointment missed without adequate notice.

Photo Consent. By signing below you are giving permission for our office to take photographs of your face, mouth and teeth. These will be used as a record of care, and may be used for other purposes such as; education, research, marketing and social media. Your name or other identifying information will be kept confidential. You may revoke this right at anytime and note any exceptions you might have.

Care Consent. The patient will consent for blood testing at no charge in the unlikely event where an office staff member is injured or hurt while providing care to the patient.

Communication. Our office uses **text and e-mail** to communicate with patients. If you do not have a cell phone or e-mail, then our staff will call you personally. Through this system you will receive a confirmation and an additional reminder for each scheduled appointment. The information you reply back with, will be forwarded to us. This system will also send reminders when you are due for routine cleanings and be used to let patients know of openings in our schedule. Lastly, these options are by choice. Please check below your choice of communication or if you would prefer to opt-out.

_____ I prefer **text and/or email** for communication. _____ I prefer to **opt-out** and receive a personal phone call.

If you understand and accept the policies of our practice, please sign below.

Signature _____ **Date** _____