



## Office Policy

Thank you for choosing us as your dental care provider. We are committed to providing you with quality and affordable dental care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

**Insurance.** We participate in most insurance plans. If you are not insured by a plan, we bill directly and payment in full is expected at each visit or if otherwise indicated. If you are insured by a plan, we bill directly but if you don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be not covered or not considered reasonable or necessary by your dental insurance. All major treatments must be submitted for pre-authorization to insurance. For any other treatments, you can request to send for preauthorization and any treatment that's not covered, you must pay for these in full at the time of visit.

**Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance and identity. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly to complete processing of claim(s). It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays for your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

**Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

**Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice.

**Missed appointments.** Our policy is to charge for missed appointments, short notice cancelled or changed appointments (2 business days prior to appointment). These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

Please select preferred method of contact: Phone call Email SMS

I have read and understand the payment policy and agree to abide by its guidelines:

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Signature of patient or responsible party

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Date