

## Office and Financial Policy

In the interest of a good health care practice, it is desirable to establish an office and credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health and we wish to spend our time and energy toward that end.

- New patients must provide adequate personal identification (driver's license, social security card, other picture ID, etc.) and health insurance card (if applicable). Treatment may be postponed if the above are not furnished by the patient.
- All accounts are due and payable (including your percentage not covered by insurance) at the time of your visit, unless your insurance policy covers 100% of the treatment rendered or satisfactory arrangements have been made with the Office Manager. These arrangements (payment plans) must be approved BEFORE treatment is rendered. Accounts which have established arrangements will need to make payments upon receipt of the monthly statement. Any outstanding balance past 30 days may be charged interest regardless of financial arrangements (1.5% per month or 18% per year). International insurances cannot be accepted and claims will need to be submitted directly by the patient. International patients will need to pay in full for dental services at the time of their visit regardless if their international insurance policy covers 100% of the rendered treatment.
- There will be a 5% discount for accounts paid in full on the day of service. This does not apply to credit card payments since the clinic pays a credit card user fee.
- Senior citizens will receive a 5% discount on all services provided. An additional 5% discount (for a total of 10%) is extended to senior citizens who pay in full on the day of service. The additional 5% does not apply to credit card payments since the clinic pays a credit card user fee.
- Primary insurances will be billed by the clinic as a courtesy. It is the responsibility of the patient to verify that the clinic has their correct insurance information and to inform the clinic if there are any changes with their insurance provider. If an insurance policy requires the patient to complete the needed insurance forms and submit the claim themselves, the office will only assist in completing these forms. Even though an insurance claim may be pending, a monthly statement will be sent to the patient for the outstanding balance of the account. The clinic cannot accept responsibility for collecting or resubmitting an insurance claim after 90 days or for negotiating a disputed claim. Remember, an insurance policy is a contract between the patient, the patient's employer, and the insurance company. Any questions or disputes about the insurance policy (what treatment is covered and by how much the treatment is covered), the patient will need to contact their insurance company. Ultimately, the PATIENT is responsible for knowing about their insurance policy, insurance coverage, and the timely payment of their account.
- There may be a \$35 minimum (\$50 maximum) charge per hour for any broken appointment or appointment cancelled without a 24 HOUR NOTICE. Cancellations made after hours, on weekends or during clinic holidays do not count towards the required 24 hour notice since the clinic will not receive the message until the following work day. The length of time scheduled for the patient and the reason for the cancellation determines the charge. Unable to "get out of a meeting", "find a ride", "catch the bus", "find a babysitter", or "alarm clock didn't go off", "thought my appointment was a different time or day", "didn't miss my previous appointment", etc. are unacceptable reasons for broken appointments and patients will be charged the above fee. Sick patients must notify the clinic immediately if they are unable to keep their scheduled appointment. Sick patients who fail to notify the clinic within a reasonable time *before* their scheduled appointment will be charged the broken appointment fee. Although the clinic will attempt to contact the patient the day before their scheduled appointment, this is only a friendly reminder and patients who schedule their appointment will be expected to keep their appointment whether or not they received a courtesy reminder by the clinic. The clinic may not reschedule any patient after two appointments have been missed. **The clinic's time must be used as efficiently as possible to keep our expenses at a minimum and the fees within reasonable limits.** Ultimately, the PATIENT is responsible for the appointments they schedule.

I have read this office and credit policy and understand that regardless of any insurance coverage I may have, I am responsible for payment on my account. I understand that delinquent accounts will be assigned to a credit reporting collection service and I will be charged a \$100 collection fee. Also, if it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the dental clinic to release information necessary to secure the payment of benefits. I hereby authorize the dental clinic to obtain a credit history before and/or during any rendered treatment. This will ensure that our responsible patients will not be penalized to cover costs incurred by those who do not pay on time.

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Signature of patient or parent/legal guardian

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Date