



SAMPLE OFFICE POLICY - This is to be used as a guide only, and will need to be edited to fit your practice guidelines/culture.

WELCOME TO OUR PRACTICE

We are thrilled to have you with us! Please take the time to acquaint yourself with our office policies, and your financial obligations stated below. Should you have any questions regarding this, please bring it to our attention. Feedback is always welcome! Thank You!

Appointment Confirmation

Our office will generally call, text and/or e-mail 24-72hrs prior to your appointment to remind you of your scheduled visit. We do this as a courtesy, and ask that you keep in mind it is your responsibility to remember your appointment(s). A lack of a reminder from our office does not indicate your appointment has been cancelled. If you believe you have an appointment with us, but have not received an advanced reminder, kindly contact us and we will be happy to confirm the date and time.

Cancellation-Broken Appointment Policy

If you are unable to keep your appointment time, it is your responsibility to notify our office **48hrs** in advance to avoid cancellation charges. Our office collects 50% of estimated coinsurance for specific procedures which will be discussed with you prior to scheduling your appointment. If a patient does not show up for, arrives late, or cancels their appointment without **48hrs notice, a fee of 1/2 the estimated appointment time will be charged to the patient's credit card on file** (this fee is subject to change without prior notice). Not responding to an appointment reminder does not mean that your appointment has been cancelled. All cancellations must be reported via e-mail and/or telephone. Cancellations via text are not accepted by our automated system.

We understand that sometimes unexpected situations and emergencies do arise, and we will work with you during such circumstances. Kindly keep in mind that this policy exists to ensure each patient's time, as well as our office's time, is valued and used efficiently to accommodate all of our patients.

Emergencies

When it comes to emergencies, it is our goal to get you scheduled as quickly as possible, and therefore, we ask that you be flexible with your time which allows us to get you in the office more urgently. Emergency time is available during our regularly scheduled office hours, and the doctor can be reached on weekends for your emergency needs. If a patient is unable to accept the appointment time they are offered, then, they will be given the next available appointment time.

Copy of Records

We will gladly provide you with a copy of your dental records, and or X-ray's. Please note that the state requires us to keep the original records on file. Therefore, to cover our costs in duplicating documents, there is a nominal fee of \$25.00 per chart. Under the HIPAA, and practice guidelines, patients must sign a record release form indicating where records can be sent, and giving permission to send such records electronically. For all hard copies, the patient must be present and sign paperwork to release such records.



Any unpaid balance for services must be paid prior to the release of such records. The \$25.00 fee does not apply to records transmitted electronically.

Insured Patients

Our office will always collect a patient's estimated coinsurance, co-pay, or deductible up front either before, or at the time of service depending on the procedure being rendered. This will be reviewed with you prior to scheduling your next appointment unless you are being seen for an urgent, or limited exam appointment. Keep in mind these amounts are always estimates, and may not be exact. After a claim clears you may have a balance remaining that will need to be cleared within 30 days of receiving your statement.

We will gladly submit your dental claim for you. We can only submit the same claim a maximum of two times. If an insurance company has not paid a claim after a 60 day period, the entire balance is then the patient's responsibility. Adjustments will be made after the patient has settled the claim with their insurance company. It is the patient's responsibility to understand their dental coverage, and we are always available for assistance with questions, or to review your plan. Your portion of payment will be due the day the treatment is rendered. A statement will be sent to you via hard copy, email, and/or text message, if there is a balance after insurance payments and/or adjustments have been made. It is always the patient's responsibility to clear any balance not paid by the insurance company within 30 days. PLEASE NOTE: In the event of benefit denial it is not the responsibility of our office to appeal the claim, however, so long as we have all necessary supporting documentation to appeal the claim we will certainly do our best to maximize your benefits. As the policy holder, you too have the right to personally appeal the rejected claim. Until the matter is cleared with the insurance, the patient will be responsible for payment in full, and will be reimbursed in the event the insurance company remits payment.

Un-insured & Out of Network Patients

Patients without dental insurance, or whose dental insurance the practice is out of network with, are required to pay in full at the time services are rendered. Any financial concerns should be discussed prior to your appointment. If we are an out of network provider with your insurance company, we can submit to them as a courtesy, and request that payment be submitted directly to you, the patient. Should this be the circumstance, it will be your responsibility to provide us with a copy of your Explanation of Benefits (EOB) as needed, and/or to follow up with your insurance company directly on any unpaid claim.

Our office prefers to practice as an unrestricted provider, meaning, under no circumstances will we allow a patient's dental insurance plan to dictate the treatment diagnosed by the dental provider. Remember, dental insurance is a benefit only, and is not there to diagnose, or propose treatment to it's policy enrollees, rather they exist to offset the cost of treatment and alleviate some of the cost of proposed treatment. Insurance companies often will not provide coverage for all services, which does not mean the patient does not require said service, it simply means the insurance company has found it in their best interest to not pay towards certain procedures. Again, we do not operate according to any insurance company's guidelines, we operate according to the guidelines laid out by the American Dental Association, and other reputable dental/medical organizations.



Payment Options

Our office accepts the following payment methods:

- ★ Cash
- ★ Check
- ★ Visa/MasterCard
- ★ Discover
- ★ AMEX
- ★ HSA cards
- ★ CareCredit
- ★ Money Order

To our HSA card holder patients, our office collects estimated portions up front for all services. Under certain circumstances you may have an additional remaining balance after your insurance payment clears. Unfortunately, we are unable to wait for claims to clear to charge your HSA card the full estimated portion, and therefore, should you have an additional balance we are more than happy to take your HSA payment over the phone and provide you with an electronic copy of your insurance EOB, and ledger copy showing dental procedure codes and posted payments. We have truly streamlined this process to make it faster and more efficient for you, our patient, to balance your HSA charges quickly and easily.

Past Due Accounts

An interest rate of 2% per month will be assessed to all unpaid balances after the due date on a statement. Statements that have carried over the 30 day billing cycle will be subject to collection agency review. Any costs that arise or accrue from being in collections, or legal review will be the patients' responsibility. Patients whose accounts are sent to collections will be formally dismissed from our practice. Remember, we encourage you to discuss all financial arrangements prior to your treatment to avoid unexpected statements.

Our practice reserves the right to change/update/or make edits to this document at any time. Any updated copies will supersede this version's information. We invite you to inquire about updates to our policy at any time.

I have read and understand the Practice Policies

Print Name: _____

Signature: _____ Date: ____/____/____