

Office Policy and Procedures

We are committed to providing you with the best dental care possible. Our fees reflect our professional commitment to excellence. If you have dental insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

- A. **Payment in full is expected when services are rendered.** We gladly accept the following forms of payment: Cash, Check, Money Order, Visa, MasterCard, Discover, American Express, and CareCredit. Financing is available through CareCredit. Should you need assistance with applying for these services, please see one of our office staff members for assistance. Out of state checks are not accepted.
- B. For patients with insurance, you are ultimately responsible for any balance for services. Insurance will be submitted as a courtesy. We estimate all co-pays according to the breakdown given to us by your insurance company. This quote is not a guarantee of payment. The final determination is completed after the insurance company receives the claim. We gladly accept insurance assignments, but require that the deductible and the entire co-pay be paid when treatment is rendered.
- C. As a courtesy to our patients, we will file primary insurances. We do not file secondary insurances. Filing claims to secondary insurance is the sole responsibility of the insured. We can give you a copy of the claim one time at no charge. Further claims will be assessed a charge of \$5.00 per additional claim.
- D. If payment from your insurance company is not received within five (5) weeks after the completion of treatment, you will be expected to pay for all dental services. You can help insure timely and accurate payment from your insurance company by providing accurate information needed to process the claim. If you come in and have treatment rendered after your insurance coverage is terminated, you will be charged a \$50.00 filing fee.
- E. We do offer pre-estimates and pre-determinations based on the benefits provided by your insurance company.
- F. Please be aware that not all services are a covered insurance benefit in all insurance contracts. Some insurance companies arbitrarily select certain services they will not cover.
- G. The investment necessary to complete your treatment is an estimate based upon information gained from the doctors' examination and radiographs. Should additional problems arise as treatment progresses, the estimate may have to be revised.
- H. Returned check fees – The minimum charge for an NSF check is \$50.00. Any additional charges incurred during the recovery of the check are the responsibility of the patient.

- I. For all major dental work, we require a minimum deposit of 50% of co-pay amount, which will be applied to the cost of your procedure. This will enable us to reserve the allotted time with the doctor and hygienist.
- J. You may jeopardize payment of your insurance benefits if you do not receive treatment in the proper sequence or in the recommended time frame or if you fail to complete the treatment plan. Either situation may create the need for re-treatment or additional treatment, resulting in additional charges to your treatment plan case fee.
- K. A 48-hour cancellation notice is required for appointments. There will be a minimum fee of \$50.00 assessed for the first missed/cancelled appointment and 75% of the charges of the appointment for subsequent missed appointments.
- L. Record requests (request of x-rays and/or records) are subject to a 48 hour response time.
- M. Local anesthesia and nitrous are considered a separate charge from the actual procedure, and will be billed to the insurance as such. The patient is responsible for all anesthesia charges that the insurance does not cover or considers being part of the actual procedure.
- N. Balances must be paid in full before any future appointments can be made or services can be rendered.
- O. Our billing cycle is every 30 days. Any unpaid balances will be assessed an 18% annual finance charge, which will be added to your account. If the account remains unpaid after 90 days, a collection fee of \$50.00 will be added to your account and the account will be turned over to a collection agency. If your account has been turned over to a collection agency, you must contact them to settle your account.
- P. The patient will pay attorney fees and collection fees incurred in an effort to collect payment stipulated by this agreement.
- Q. Failure to sign a service contract does not negate the responsible party from financial responsibility for any services that have been rendered since submission to treatment implies consent as outlined in this service agreement.

We do realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our office promptly for assistance in the management of your account.

I have read and agree to the office policy and procedures set forth by East Metro Beautiful Smiles. I understand that the office policy can change at any time without notice.

Signature _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of the Office Policy and Procedures.