

## Welcome New Patients,

We are pleased you have chosen this office to provide your comprehensive dental care. We look forward to providing you the best dental care possible. If your care should require the additional services with a specializing dentist, necessary referrals will be provided to facilitate your needed treatment. Please be aware of the following office policies and initial that you have read and understand each one. Please see the office staff if you have any additional questions.

## Financial Policy

As a courtesy to our patients, our office assists you in obtaining maximum benefit from your PRIMARY employee benefits. Secondary insurance claims are not filed by this office. We may provide computer generated claims to you to be filed for reimbursement upon after balances have been paid. There are many misconceptions about dental insurance. Here is some information to help you better understand your insurance coverage.

1. Dental insurance is a form of payment only. Your relationship is with your insurance carrier and the acceptance of benefits on behalf of any patient at this office is a privilege, not a right. YOU, the patient or parent/guardian/responsible party of any minor patient(s), ARE ULTIMATELY RESPONSIBLE for payment WITHIN 60 DAYS FOR ALL FEES incurred as a result of treatment rendered at this office.
2. An annual deductible required by your insurance company is to be paid prior to benefits being applied. This must be submitted at the initiation of any restorative treatment within each calendar year. (This may or may not apply to routine hygiene procedures or preventative treatment.)
3. Employee Benefits help to defray some costs of dental care and requires patients to pay the portion of fees incurred that benefits do not cover. This is your CO-PAYMENT. Any applicable deductibles and co-payments are due at the beginning of each appointment before being seated for treatment.
4. Dental insurance companies restrict payment for some services, may use restricted fee schedules and may exclude some procedures based on prior conditions and/or length of time on the plan. Restrictions are based on the premium paid for benefits or laws governing insurance benefits.
5. Employee benefits pay based on the premium paid by your employer. Higher premium plans may pay more of the fees for your dental care. Please familiarize yourself with your coverage and present any changes prior to dental appointment if requesting claims be filed to your insurance carrier on your behalf. Our office is not notified by insurance carriers of specific changes in coverage outside of denial of claims.
6. Claims are filed to insurance carriers based on information provided by patient. Any changes MUST be presented prior to time of service to allow timely filing. It is important to verify correct and update insurance information at EACH visit. Please be prepared to present driver's license, social security number and/or birth date to facilitate the verification process.
7. If an insurance check for treatment rendered at this office is disbursed to a patient and cashed and payment for said treatment not forwarded immediately to our office, future treatment may be rendered fee-for-service ONLY as the privilege to have insurance filed as a courtesy has been forfeited.

## Billing

We ESTIMATE your portion on the date of service based from the information you provide us regarding your employee / insurance benefits. All reasonable efforts are made to verify benefits. Any difference in payment versus fees leaving a balance is billed to you. Any credit amounts may be applied as a credit to your account for future treatment or returned to you as a reimbursement upon request.

All portions not covered by your insurance benefits are due at the time of the service. Unpaid balances within 60 days of treatment are due IMMEDIATELY regardless of insurance contribution. Balances over 60 days may have interest in the amount of 18% annually applied. Balances due that are not paid within 90 days after treatment are subject to being forwarded to a collections agency and may have additional fees applied.

## Payment Options

For your convenience, forms of payment accepted include cash, money orders, cashier's checks, Visa, Mastercard, American Express, debit cards and personal checks. Insurance benefits are also accepted on patient's behalf upon request for up to 60 days from treatment. After 60 days, one of the above forms of payment must be remitted.

A returned check relinquishes the privilege of check payments on an account and will be charged a \$35.00 fee in addition to the original check amount. Such fees must be reconciled in the form of cash, money order or certified check ONLY within 10 days in order for future appointments to be scheduled.

## Appointments

Our appointments are scheduled to respect your time. Unreported changes in address and phone number can impede our attempts to contact you. We reserve a specific appointment for your care and we make every effort possible to see you at the appointed time. We attempt to help remind you of appointment times; however, it is your responsibility to observe appointment times regardless of courtesy reminders. We appreciate your promptness and consideration in observing your scheduled appointment.

After hour calls require at least two staff members to be present in order to perform treatment for both the patient and staff safety. This may not always be a viable option when calling the after hours number. Therefore, when experiencing dental discomfort, the most efficient response will be to contact the office during treatment hours. For acute emergencies, proceed to the nearest emergency facility and contact our office during the next scheduled business day. After hours calls are recorded and returned as soon as reasonably possible to address the dental needs of our patients.

This office requires a minimum of forty-eight (48) business hours notice to avoid assessing a \$75.00 broken appointment fee should an appointment be cancelled or rescheduled lacking sufficient notice.

Certain services may be required to have a deposit of 50-100% of the estimated patient portion to reserve appointment time. This is to help decrease broken appointments and keep the most available schedule opportunities for all patients. Deposits are non-refundable and may have the broken appointment fee deducted in the case an appointment that was scheduled with the deposit is broken.

I have read and understand the policies of this office understanding that I have the opportunity to ask any questions regarding said policies prior to signing. I hereby authorize the office of REDD Family Dentistry to provide my dental care. My signature indicates my understanding and acceptance of all of the presented office policies.

Signed:

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Patient/Parent, Guardian or Responsible Party for Minor Patient

Date