

GENERAL INFORMATION-PLEASE READ

In an effort to avoid any confusion, we would like to provide the following information. It is our hope that this will answer most of the questions or concerns you may have regarding our financial policies. If you have additional questions, please do not hesitate to ask. If you would like a copy of this form, please ask at the front desk.

Payment IS DUE ON THE DAY OF SERVICE. Please be prepared to pay for your dental treatment on the day of service. We accept cash, check, Visa, MasterCard, Discover, American Express and CareCredit.

INSURANCE: We will file any DENTAL insurance as a courtesy to our patients. We make no guarantee of coverage by insurance but will verify insurance benefits. The portion of the treatment not estimated to be covered by the primary dental insurance is due on the day of service. If insurance has not paid after 60 days from the date of service, the balance becomes the responsibility of the patient. If you have any questions or concerns regarding your coverage please contact your insurance carrier directly. If you need to know what your insurance will cover for a specific procedure we can file a pre-treatment estimate. **ANY PORTION NOT COVERED BY INSURANCE IS THE RESPONSIBILITY OF THE PATIENT. If you are a new patient and you do not have your insurance information with you, payment will be due in full.**

Delta Dental : WE ARE AN IN NETWORK PROVIDER for DELTA DENTAL PREMIER.

Medicaid/Medicare: WE DO NOT FILE WITH MEDICAID OR MEDICARE.

Financing: We offer financing with CareCredit. CareCredit provides options that we cannot offer directly through our office. CareCredit offers the flexibility of making low monthly payments over time. If you are interested in CareCredit, please ask the front office for more information. (Credit approval required).

RETURNED CHECKS: THERE IS A \$30.00 FEE FOR A RETURNED CHECK. If a person has two returned checks, we will no longer accept personal checks. Payment must be made by cash, credit card or certified funds.

BROKEN/MISSED APPOINTMENTS: In order to provide the best possible service and availability to all our patients, we reserve the right to charge for missed/cancelled appointments (less than 24 hour notice). Monday appointments must be cancelled by close of business on the prior Thursday to avoid being subject to the fee. Please call us as early as possible to reschedule your appointment. If a patient has two or more broken appointments in a six month period we will not be able to schedule any further appointments. Instead, the patient will be placed on an "on-call" list.

Appointments with Dr. Lockhart or Dr. Hart: The fee for missing or canceling an appointment with less 24 hour notice is 20% of the scheduled procedure(s) fee.

Appointments with the hygienist: The fee for missing or canceling an appointment with less 24 hour notice is \$35.00 for a routine cleaning appointment. The fee for other types of hygiene work (ex. Root planning, full mouth debridement) is 20% of the scheduled procedure(s) fee.

LATE ARRIVAL: We regret that late arrivals may not be served in full. If you arrive more than 10 minutes late, your appointment may have to be rescheduled. We will make every attempt to keep your appointment, but feel we must be fair to the next person scheduled.

PAST DUE ACCOUNTS: When an account is over 90 days past due, it will be turned over to a collection agency. The patient will be placed in a "dismissed" status until the balance, including any fees, is paid in full. Once the balance is paid, payment will be due in full on the day of service for all future appointments and we will no longer accept insurance assignment.

THIRD PARTY ACTION: If third party action becomes necessary, the financially responsible party agrees to pay for all collection fees to include: 30% collection agency fee, court costs, and attorney fees.

SIGN BELOW INDICATING YOU HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS

Signature _____ **Date** _____

PLEASE NOTE: WE RESERVE THE RIGHT TO CHANGE ANY OF THE ABOVE WITHOUT NOTICE

