

Appointment Guidelines:

Courtesy Reminders:

We consider all appointments confirmed when they are made. We will, as a courtesy, remind you of scheduled appointments either by phone, email, or text. Please indicate which method of notification you prefer.

____ phone call ____ email ____ text

Rescheduling Your Appointment:

Every appointment we schedule requires that we reserve office space, equipment, and the time of the Doctor and staff. Last minute cancellations cause these resources to be under or non-utilized. Ultimately, other patients are denied the opportunity to make use of this time and care is adversely affected. It is our philosophy that the Doctor-Patient relationship is one of mutual respect and cooperation. In order to maximize quality care for our entire patient family, **we require 48 hours advance notice to avoid a \$150 cancellation fee.**

_____ By initialing this section, you indicate that you understand appointment guidelines.

Insurance Guidelines:

We are glad you have dental insurance to help you with partial assistance in affording your dental care. Please know that we will do everything possible to see that you receive the full benefits of your insurance policy. As a courtesy, we are happy to submit the necessary forms to help you receive your full benefits at no additional cost. Dental insurance is different than most medical insurance plans and it is important to be aware of the following:

- Insurance is an agreement between you and your insurance company.** The insurance relationship constitutes an agreement between the insurance carrier, the employer, and the patient. Our dental office is not a party to this contract. As such, we can make no guarantee of estimated coverage or payment.
- Full dental fees are not always covered.** Insurance companies base the amounts they pay on restrictive fee schedules, regardless of what the actual fee may be. Our fees are sometimes higher than the average fees allowed by your carrier.
- Not all your care may be covered.** Not all dental services that are necessary for excellent dental health are covered benefits in all contracts. This depends on the kind of plan your employer has purchased.
- Deductibles and Co-payments must be collected.** Deductibles and co-payments are built into most plans and their required payment is strictly regulated by state law. Your Employee Benefits Director can usually help you become familiar with your plan, its restrictions, and your out-of-pocket expense.
- Here's What We Promise to do:**
 1. Complete insurance claim forms and submit to your carrier within 24 hours of treatment.
 2. Use current American Dental Association coding for correct reporting of procedures.
 3. Accept direct payment from your carrier and keep track of balances.
 4. If necessary, re-file your insurance a second time within a 30-60 day period.
- Your Responsibilities Will be to:**
 1. Pay fees not covered by your plan at the time of treatment or as otherwise arranged in advance.
 2. Provide our office with necessary information concerning your insurance coverage to allow correct filing of claims.
 3. Understand that your plan is a contract between you, your employer, and the insurance carrier. Our office will do all we can to facilitate claims payment, but we do not have the power to force your insurance company to pay.
 4. Pay any account balance not paid by your insurance.

_____ By initialing this section, you indicate that you understand these insurance guidelines.