

## *Appointment and Insurance Guidelines*

We believe that our patients would like to know and understand our appointment, financial and insurance guidelines in advance of their treatment. You will find these guidelines outlined below, however we are always happy to discuss your proposed treatment and any of our practice guidelines with you personally.

### **Appointment Guidelines:**

#### **Rescheduling Your Appointment:**

We pre-plan and prepare for your visit and hope you have done the same. Your appointment time has been reserved especially for you and we strongly encourage all patients to keep their appointments. When time is lost due to last minute appointment changes, other patients in need of treatment cannot be seen and your treatment is delayed.

- **Should any scheduling changes be required, we require at least 24 hours advance notice to avoid a \$75 cancellation fee.**

#### **Courtesy Reminder Calls:**

We consider all appointments confirmed when they are made. As a courtesy, we make every effort to remind patients by telephone or email prior to their appointment but please do not depend on this courtesy. We have found with the recent popular use of voicemail, cell phones and pagers, some of our patients may not receive these reminder calls.

- **If we are unable to speak with you directly, your appointment card will serve as confirmation and implies your obligation to be present at that prearranged date and time.**

By initialing this section and signing below, you indicate that you understand and agree to these appointment guidelines.

Please initial here - \_\_\_\_\_

### **Insurance Guidelines:**

We are glad to have dental insurance to help you with partial assistance in affording your dental care. As a courtesy, we are happy to assist you in filing the necessary forms to help you receive the full benefits of your dental insurance coverage 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 carrier, the employer and the patient. Our dental office is not a party to that 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 often, but not necessarily, covered in full by the maximum allowance determined by your carrier.
- **Not all your care may be covered.** Not all dental services that are necessary for proper dental health are a covered benefit 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 our plan and its restrictions.

***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:***

1. To pay fees not covered by your plan at the time of treatment or as otherwise arranged.
2. To provide our office with the necessary information concerning your insurance coverage to allow correct filing of claims.
3. To 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 don't have the power to force the insurance company to pay.
4. To pay any account balance not paid by insurance after 60 days and after 2 billing attempts.

Please initial here: \_\_\_\_\_

***I hereby authorize payment of the insurance benefits otherwise payable to me to be made directly to this dental office. I understand that any insurance coverage estimate given to me by this office is not a guarantee of actual insurance payment. I also understand that I am ultimately responsible for all charges incurred for dentistry performed upon myself or my dependants in this dental office. I authorize release of my dental/medical histories and other information about my dental treatment to third party payers.***

\_\_\_\_\_  
***Patient or Insured***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Dental Office Representative***

\_\_\_\_\_  
***Date***