

# **OFFICE POLICY**

# FOR OUR PATIENTS WITH DENTAL INSURANCE

As a courtesy, we will gladly submit claims to your insurance on your behalf. Your dental insurance is an agreement between you and your insurance company; therefore you are responsible for all copayments, deductibles, and out-of-pocket portions. Ultimately, it is your responsibility to know what your insurance covers. Insurance payments not paid to our office after 90 days will become your complete responsibility and must be paid in full. All patient copays and/or patient portions are an ESTIMATE only- never a guarantee of payment. All fees not covered by your insurance will be billed directly to you for payment.

# IF WE ARE NOT BILLING DENTAL INSURANCE

We offer a 5% cash/check discount or a 3% credit/debit card discount for treatment over \$800. We also offer a 10% discount on cleanings, exams, and x-rays. In these cases, payments must be paid in full at the time of service.

### **PAYMENT OPTIONS**

For your convenience, we accept Visa, MasterCard, cash, or check.

# MISSED APPOINTMENTS OR SHORT NOTICE CANCELLATIONS

We feel each patient's time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. We ask that if you must change an appointment, please give us at least 48-hour notice.

# PATIENT COMMUNICATIONS

For appointment reminders, we may contact you via phone calls and/or postcards.

I have read, understood and agreed to all of the above. I have been given the opportunity to ask questions. If I have insurance, I hereby authorize my insurance company to pay my dental benefits directly to the doctor. I authorize Timberview Family Dental to release any medical information to my insurance company as needed to process my insurance claim.

Patient Name: D	Oate:
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