



R I D G E C O M M O N S

FAMILY DENTISTRY

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FINANCIAL AGREEMENT

I understand that I am financially responsible for the payment of all services rendered on my behalf or my dependents. Payment is due at the time of service unless other financial arrangements have been made in writing in advance. In the event that my insurance will pay all or part of the charges, Ridge Commons Family Dentistry is authorized to submit a claim for payment to my insurance. Ridge Commons Family Dentistry is not obligated to do so unless under contract with the insurer or bound by a regulation of a State or Federal agency to process such claim. Ridge Commons Family Dentistry can only make estimates regarding my insurance benefits based on the information I provided above and by the insurance company. In the event that the insurance company does not pay as much as expected, I understand that the remaining balance is due and payable immediately by me, the patient. I understand that, as a third party, Ridge Commons Family Dentistry cannot become involved in prolonged insurance negotiations.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby assign benefits to be paid on my behalf to Ridge Commons Family Dentistry, my dentist, or other providers who render service to me. I authorize the use of my signature on all insurance submissions. I understand that many insurance plans do not cover 100% of the fees charged and requires a deductible which must be satisfied before any insurance benefits can be received. Under the provisions of my insurance plan(s), I understand that some of the recommended treatments may not be considered reasonable and customary and are not covered. I understand that I will be fully responsible for payment of any and all services denied by my insurance company, as applicable by state and/or federal law. I understand that my insurance policy is a contract between me and my insurance company. Ridge Commons Family Dentistry is not a party to that contract. It is up to me to contact my insurance company and inquire as to what benefits my employer has purchased for me. Ridge Commons Family Dentistry file dental and medical insurance claims as a courtesy to me. Pre-treatment estimates are sent as a courtesy to the insurance company at my request. If I have any questions concerning the pre-treatment estimate and/or fees for service(s), it is my responsibility to have these answered prior to treatment to minimize any confusion on my behalf. I certify that the information given regarding my insurance coverage is correct.

RELEASE OF MEDICAL RECORDS

I authorize Ridge Commons Family Dentistry to release all or part of my medical records where required by or permitted by laws or government regulation, when required for submission of any insurance claim for payment of services or to any physician(s) responsible for continuing care.

NO SHOWS AND LATE CANCELLATIONS POLICY

To ensure that the doctor have maximum availability for all patients, I understand that I must give the office at least **24 hours notice** if I must change an appointment. In the event that I am unable to notify the office, I may be charged **\$25** per missed or cancelled appointment. If I am more than 15 minutes late for my cleaning appointment, I understand that I may have to reschedule or wait as a walk-in appointment.

PATIENT RIGHTS / NOTICE OF PRIVACY PRACTICES

I have received written and verbal notification regarding my Patient Rights as well as the Notice of Privacy Practices Information.

The undersigned certifies that he/she has read and understands the foregoing and fully accepts all terms specified above.

Patient's Name

Date

Signature of Patient or Parent/Legal Guardian

Relationship to Patient

