



## OFFICE POLICY ON CANCELLATIONS, INSURANCE FILING AND PAYMENTS

Our goal is to provide each and every patient with the very best individualized dental care in the most supportive and nurturing manner possible. We are committed to prevention, early detection and minimally-invasive techniques to promote and maintain your complete oral health.

Your appointment time is important to you, to your dentist, and hygienist, and to others who are in need of dental treatment. As of April 24, 2017, we will charge for missed appointments without an appropriate minimum 24-hour notice. If you cannot keep your appointment for any reason, please call us at least 24 hours prior to your appointment time. **Cancellation notice must be made during regular office hours.** If you do not show for your dental hygiene appointment, or if you cancel with less than a 24-hour notice, a fee of **\$50.00** will be charged. You will be personally responsible for this charge. This charge will not be billed to nor paid by your insurance company. Please help us keep the scheduling of appointments fair for everyone.

We file insurance in this office as a courtesy to our patients. Additionally, we accept assignment of benefits from your insurance company so that we can receive payments directly. Many dental offices in the area do not even handle insurance. Ultimately, it is the patient's responsibility to deal with his/her insurance company directly should any problems arise. Also, patients are responsible to pay their estimated portions directly to our office at the time of treatment.

Often, there are hidden clauses in the policy that may reduce benefits. We are not always aware of these at the time we quote the patient's estimated portion and therefore, we cannot guarantee what the actual insurance payment will be. Additionally, insurance companies often will change treatment codes to provide for the minimum benefit payable. We do our best to inform the patient of their estimated portion, taking all of the above information into account, but again, this is in no way a guarantee. We can only guarantee our actual fee for any given service.

In any event, we expect and greatly appreciate either payment in full at the time of the visit, or your expected portion at the time of your appointment. We do not extend credit, however, no-interest payment plans through a third party (Care Credit) are available for qualified applicants. If, for some reason our patient portion estimation is off, we either send a statement for the remaining amount (statements will go out once a month until the account is paid in full), or we issue a credit on the account which can be used toward future work or refunded to the patient directly. The financial coordinator and / or the practice manager must approve any arrangements for payment other than those stated above.

We look forward to serving you, your family, and friends now and in the future.

By signing this form, I understand all of the above policies of Post Oak Dental, and I agree to adhere to and be bound by these policies, understanding that these policies apply to all patients of this practice.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_