

## OFFICE AND FINANCIAL POLICY

Thank you for choosing us to provide your child's dental care. Please read and sign the following information clarifying our office and financial policy. If you have any questions regarding this policy, please contact our office staff.

### DENTAL INSURANCE:

As a courtesy, we will file your claims and accept assignment of dental insurance benefits provided you agree to the following:

- You must provide us with an insurance card and information necessary to verify your child's coverage.
- Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with **YOU** and not your insurance company.
- Knowledge of benefits, benefit amounts, limitations, exclusions, waiting periods, etc. is **YOUR** responsibility.
- All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all the services we provide are covered benefits. Benefits differ from one company to another.

### PAYMENT POLICY:

- We accept cash, personal checks, debit cards, Visa, MasterCard, Discover, and American express.
- After dental insurance has paid its portion, a statement is sent to the mailing address on record, for the remaining balance. Payment is expected within 25 days of the statement date, an overdue balance.
- There will be a \$30.00 fee applied to your account if a check is returned by the bank.
- *If you do not have Dental Insurance, we require payment day of service.*

### OVER DUE BALANCES AND COLLECTIONS:

We understand temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems immediately so we may assist you in the management of your account and avoid possibility sending your account to collections.

An account with an unpaid balance **past 90 days** will be sent to the collection agency. At that time, you will be responsible for any and all costs incurred in the collection of your debt.

### BROKEN APPOINTMENTS:

Appointments not kept or changed with less than 24 hours' notice by phone call or, phone message are considered broken. Broken appointments prevent others from receiving the dental care they deserve. We take dental care seriously so, please be considerate and inform us in advance if you need to change your appointment. We provide appointment reminders by email, text messaging, or, phone calls but, ultimately, you are responsible for recording your appointment on your calendar system.

### FEE FOR BROKEN APPOINTMENT IF 24-HOUR NOTICE NOT GIVEN:

A fee of **\$25 per patient appointment** will be billed to your account. We reserve the right to terminate professional treatment of any patient when scheduled appointments are not kept.

### DENTAL EMERGENCY

Should a dental emergency arise after hours, please call the office and listen for emergency instructions. We have a voice mail service 24 hours a day, 7 days a week. Our office hours are Monday through Thursday 8:10 am to 5:00pm. Fridays are reserved for special needs dental cases.

### ACCOUNT INFORMATION:

It is your responsibility to provide our office with the most current updated information regarding your account. Updated addresses, insurance, and phone numbers help with accurate billing and or insurance submission. If you move out of state, please provide our office with a forwarding address, as your portion after insurance may be billed to you after you have moved.

I have read and understood this document in its entirety, outlining office and financial policies of David R Atherton DDS. Without any reservations, I agree to abide by the policies outlined herein.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_