# Financial and Appointment Policies

Thank you for choosing Treasured Smiles Dentistry, LLC as your dental health provider. We are committed to seeing that you receive the highest quality care in a great environment. The following is a statement of our Financial and Appointment Policy, which we require you to read and sign prior to any treatment. Please understand that this financial policy is enforced to keep costs at a reasonable level, and the appointment policy is enforced to allow us to run effectively and efficiently. This allows us to concentrate on what we do best…taking care of your dental needs.

## Late and Missed Appointments

**There is a $25 fee for any missed appointments or appointments cancelled with less than a 24 hour notice.** As a courtesy, we will try to confirm all appointments one or two business days prior to the appointment. However, it is your responsibility to remember and keep scheduled appointments. **We kindly ask that you give a 24 hour notice for cancellation of an appointment.** In the event there is less than 24 hours notice, please call as soon as possible so that the appointment time may be given to another patient. We will schedule an appropriate amount of time for your treatment. We understand that unexpected delays and emergencies occur. If you are more than 10 minutes late for your appointment, we may ask you to reschedule to allow the full time with you on another day, and to be courteous to those with appointments after you. You will be billed a $25 fee for the second late appointment. After 2 missed or late appointments, you will be asked to seek care from another dental provider.

## Insurance

**If you have dental insurance, we will submit your claim for reimbursement to our office. However, we do require payment of your deductible and payment of your ESTIMATED portion (amount that insurance will not cover) for services at the time services are rendered. Any overpayment made on the account will be promptly returned to you by our office. Any remaining balance will be billed to you. In the event your insurance plan has not paid us within 45 days, you will be responsible for the balance, regardless of pending reimbursement. If your insurance carrier is Delta Dental, full payment is due at the time of service, due to their reimbursement policies.**

This office is considered a non-preferred or out-of-network provider. The amount of dental benefits you receive is determined by your employer, your union, or your insurance company, not by this dental office. We cannot render treatment on the assumption that our fees will be paid by your insurance company, or that treatment is determined or dictated by your insurance plan coverage. Our usual, customary, and reasonable fees often times do not correspond to your insurance company's. You are responsible for payment regardless of the insurance company's arbitrary determination of usual and customary rates. It is your responsibility to review you insurance policy and to understand your specific dental benefits. The more you know about your specific plan, the better we can serve you.

We are here to help you and explain any insurance information you may not understand and to assist you in the reimbursement process through communication with your insurance company. We will do everything that we can to help you receive your benefits (i.e. transmission of your insurance claim, sending radiographs, explanation of treatment letters, necessity and urgency letters, and telephone conversations to insurance companies to provide needed information) all at no cost to you.

## Outstanding Balances

If you are billed for any outstanding balance, please be aware that balances carried over 30 days will be charged a rebilling fee of $5.00 per monthly billing statement and a finance fee of 1.5% (18% annual rate). In the event the bill is not paid within 90 days, information that is necessary for collection purposes will be forwarded to our professional collection company. There will be a $25.00 service charge for NSF checks and you will be asked to seek care with another dental provider.

## Divorce Decrees

This office is NOT party to your divorce decree. The responsibility for minors rests with the accompanying adult.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. Please keep a copy of this agreement for your own records.

**I have read, understand, and agree to this Financial and Appointment Policy.**

**X**_____ _____

**Signature of Responsible Party** **Date**