



FAMILY AND COSMETIC DENTISTRY
DENTISTRY FOR ALL SEASONS OF LIFE

FINANCIAL, DENTAL INSURANCE, AND APPOINTMENT POLICIES

Financial Policy

We ask that you be prepared to make full payment for dental services on the day they are rendered unless you have made prior arrangements with us in advance of your appointment. For your convenience we accept cash, check, debit card, credit card, Mastercard, Visa, American Express, and Discover Card. We are also able to offer a financial payment plan through CareCredit, which is a healthcare card that can be used here or in any other health providers' office who accepts it. We also offer a prepayment option for those interested. Please ask about the details.

Returned checks will be subject to additional collection fees.

Dental Insurance

We are happy to process your dental claim for you with information as provided by you; however we must emphasize to you that our relationship as dental care providers is with you, the patient, not with your insurance company. While we do file the claim as a courtesy to you, all charges are your responsibility from the date they are provided. We will do our best to *estimate*, as closely as possible, your insurance benefit amount. We encourage that you become familiar with your own policy as it is virtually impossible for us to know the details of the many different policies presented to us by our patients.

If you are not able to provide proof of insurance payment is expected for services at that time. When information is provided to our office we will be happy to file your claim and reimburse any remaining credit balance.

Before beginning your treatment, we will gladly discuss with you your proposed treatment plan and the associated fees. We are happy to answer any questions that you may have.

_____ Initials

Appointments

We ask that you kindly give us 24 hours notice, if you are unable to keep your appointment as your appointment is your scheduled personal time with your health care professional. We reserve the right to charge a nominal fee for missed appointments. If we are not able to meet your scheduling needs we may choose to terminate our relationship with you as your dental health provider due to continued missed/cancelled appointments.

_____ Initials

If you have any questions about our policies, or any uncertainty about your insurance coverage, please do not hesitate to ask us and we will do all we can to assist you.

HIPAA

I have received a copy, read, had the opportunity to ask questions, and understand the Privacy Practice at All Seasons Dental.

Patient/Parent or Guardian Signature _____ Date _____

Print Name _____

By signing this document you state that you have read and understand the above policies and are willing to abide by them.