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### IMPORTANT INFORMATION FOR OUR PATIENTS

We are committed to providing you with the best possible comprehensive dental care. If you have dental insurance we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our policies.

**PAYMENT FOR SERVICES AND/OR CO-PAYS** are due at the time services are rendered. There is a \$5.00 surcharge on any amount not remitted at time of service. Should you have dental insurance we will be happy to process your claim for you as long as the appropriate information has been received. However, your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. Our relationship is with you, not your insurance company.

**VERIFICATION OF COVERAGE:** We will contact your insurance carrier to verify coverage, limitations, deductibles, co-payments, etc. Unfortunately, there have been times when we have been given inaccurate information by the insurance company. Therefore, while verification of coverage and the fining of insurance claims is a courtesy that we extend to all our patients, all charges are ultimately your responsibility from the date of services are rendered.

**RETURNED CHECKS AND BALANCES OVER 80 DAYS:** There will be a \$20.00 fee for all checks returned by the bank. Balances over 30 days may be subject to additional collection activity and fees.

**MISSED APPOINTMENT FEES:** A missed appointment is a loss of everyone. Calling in advance to cancel allows us time to fill your appointment with a patient from our waiting list. Therefore you will NOT incur a charge if you call to cancel prior to your scheduled appointment time. However, if you do not call to cancel, you will be charged a \$25.00 fee. Your insurance carrier is not responsible and will not pay this fee. This fee must be paid prior to your next visit.

**WAVING OF CO-PAYS AND FEES:** We have chosen to become a participating provider with most insurance carriers to decrease the cost of treatment for our patients. By doing so we have signed a legal contract with the insurer that requires us to collect All co-payments and deductibles. To not do so, is in violation of our contract and would result in our removal from their provider group. It could also threaten your continued coverage as your employer has entered into an agreement with your insurer that includes your participation in payment. Waving of professional fees is also in violation of several federal laws and regulations including Federal False Claims Act, Anti Kickback Statutes, as well as various Compliance Guidelines for individual and group practices. Therefore we are unable to offer family, friends, or professional discounts to our patients.

**WAITING TIME:** The nature of our practice is to give our patients the utmost in care and service. Your patience would be greatly appreciated, should you need to wait a few extra minutes for your appointment. You will receive the same careful attention as soon as possible.

Patient  
Signature \_\_\_\_\_

Date \_\_\_\_\_