

Mitchell & Mitchell, D.D.S. /P.A. Financial Policies and Signature on File Agreement

Individual Dental Plans or Emergency Treatment:

Payment is expected in full when services are rendered for non-insured or emergency treatment. We will collect in full for Individual Insurance Plans through the online exchanges or any COBRA Plans; we will file the claim for patient reimbursement.

Insurance Benefits:

We accept all PPO insurances that allow you to see an **Out of Network Dentist**. As a courtesy to you, we will file your claim, collect your estimated co-payment and deductible, and after dental insurance pays, a statement will be mailed on any remaining balance. Payment of the remaining balance is expected within 15 days of the statement. If your insurance company does not pay the claim within 60 days, it will be your responsibility to pay the outstanding balance. Reimbursement by your insurance company is dictated by a contract between your employer and the insurance company. We are not a party to any of these contracts. It is the patient's responsibility to be aware of their dental benefits plan information and/or limitations.

Secondary Dental Insurance:

We Do Not File Secondary Insurance. An attending doctor statement will be issued so that you can file your secondary insurance. Your secondary insurance will reimburse you directly.

Dr. Joseph Mitchell is an in-network provider for Delta Dental Premier.

Overdue Balances:

Accounts with an unpaid balance past 120 days will be sent to a collection agency. At that time, you will be responsible for all cost incurred in the collection of your debt which may include attorney fees and interest charges.

Tender:

We accept cash, personal checks, Visa, Master Card, Discover and American Express credit cards. Optional financing for treatment over \$1,000 is available with credit approval through Care Credit. Please be advised that returned checks will be subject to a service fee.

Broken Appointments:

Appointments not kept or rescheduled with less than 48 hours notice are considered broken appointments. Please be considerate and inform us in advance if you need to reschedule your appointment. We reserve the right to charge a minimum of \$108 for broken appointments.

Drs. Mitchell & Mitchell understand temporary financial problems may affect timely payment of your balance. In those situations, we encourage you to communicate any such problems immediately so that we may assist you in the management of your account.

CONSENT & AUTHORIZATION:

I agree to pay all related fees. Fees not covered by my dental insurance will be promptly paid upon notification from this office. I have read and understand this document, outlining financial policies of Drs. Mitchell & Mitchell D.D.S., P.A. I agree to abide by the policies outlined herein.

Patient Name: _____ **Signature:** _____ **Date:** _____

****If applicable, name and relationship for dependent:** _____
Guarantor's Name Relationship to patient

****Guarantor's Signature (responsible party):** _____ **Date:** _____

PATIENT BISPHOSPHONATES DISCLOSURE FOR DENTAL PROCEDURES

Patients should know that there is a significant risk of future complications associated with certain dental procedures if they have been on these medications.

Bisphosphonate medications appear to adversely affect the blood supply to bone, thereby reducing or eliminating its ordinary excellent capacity for healing. This risk is increased after surgery, especially from **extractions, implant placement, or other invasive procedures that might cause trauma to the bone. Osteonecrosis may result.** This is a smoldering long-term, destructive process in the jaw bone that is often very difficult or impossible to eliminate.

It is very important to know if you are taking or have taken these medications:

Reclast IV/Injection, Fosamax, Actonel, Boniva, Zometa, Aredia, Neridronate, Olpadronate, Didronel, Clorodronate, Tiludronate, or any other Bisphosphonate.

Patient Name

I am presently taking: _____.

I have taken: _____ From: _____ To: _____

I am not on any of this class of medication. _____
Patient initials

Patient Signature

Date