



Welcome!

Thank you for entrusting us with your oral health care. In order to enhance communication and promote understanding regarding this office's policies, please read over the following information.

**By providing your initials and signature, this indicates that you have read, fully understand, and fully agree to our policies. *This form must be signed to proceed with your appointment.***

\_\_\_\_\_ **Consent for treatment:** I do hereby consent to necessary examinations procedures and/or treatments prescribed by my dentist, his/her assistants, or designee as is necessary in his/her judgment.

\_\_\_\_\_ **Financial responsibility:** I understand that I am financially responsible for all charges whether or not they are covered by insurance. Payment is due at the time of service. As a condition of your treatment by this office, financial arrangements must be made in advance, prior to treatment. However, the patient is responsible for any unpaid balances remaining after insurance payment. **Cash, care credit, credit card, check, or debit may be used to make payments.** A service charge of 1.5% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied. **All unpaid balances exceeding 90 days (without prior arrangements) will be turned over to a collections agency.**

\_\_\_\_\_ **Patient's Co-payments / Insurance:** I understand that any co-payment that is collected at the time of visit is an **estimate**. As a courtesy we will try to attain an accurate insurance benefit breakdown and file a claim for the patient at no charge. I understand my insurance might determine that they will pay for a less costly service than the covered service performed by the dentist. **\*\*For example, Composite fillings and porcelain crowns may be downgraded to the amalgam filling or full gold crown benefit if your insurance plan pays a benefit based upon a less costly service, we will charge the patient or patient's dependent for the difference between the service that was performed and the less costly service. This may be the case, even if the service is performed by an in-network dentist.** Many insurance plans have exclusionary clauses on benefits that we will do our best to uncover, but I understand that it is ultimately my responsibility to find out what my insurance policy covers and if it is **in or out** of network with University Dental.

\_\_\_\_\_ **Assignment of benefits:** I request that payment of authorized insurance benefits be made on my behalf to University Dental for any service furnished. I understand that University Dental submits my dental insurance claims to my insurance company as a courtesy. I hereby give by University Dental permission to submit all of my dental insurance claims to my dental and or medical insurance company on my behalf electronically and by mail, and to receive payment from my insurance company directly. A photocopy of this assignment is to be considered as valid as the original until revoked.

\_\_\_\_\_ **Returned check policy:** I understand that I will incur a fee of **\$ 35.00** for any returned checks.

\_\_\_\_\_ **Contact information:** I understand I am responsible for providing accurate billing and contact information. I also understand that it is my responsibility to inform University Dental of any changes to keep this information current.

\_\_\_\_\_ **Cancellation & No – Show Policy:** It is University Dentals policy to optimize the time our doctors and hygienists spend with each patient. This is intended to give every patient a personalized dental visit. Therefore, each patient’s appointment is scheduled for the appropriate time needed. If you are unable to keep an appointment, kindly give our office at least a 24 hours notice to avoid a failed appointment charge of **\$20 per ½ hour of appointed time**. As a courtesy, University Dental will attempt to verify the appointment one to two days in advance, but ultimately it is the patient’s responsibility to keep appointment times.

Once you have missed an appointment we reserve the right to collect a non-refundable deposit to secure another appointment. This applies per patient/per appointment. University Dental, reserves the right to discontinue patient care if an established patient misses three (3) appointments without providing one business day notice of cancellation. Patients or guarantors/guardians of established patients will be notified in writing if there have been three missed appointments. This will result in the termination of the dentist/patient relationship.

\_\_\_\_\_ **Email correspondence:** I agree to allow University Dental to correspond with me/my family by email. This includes appointment reminders and other correspondence. Listing or not listing my email on my patient paperwork shows that I allow or don’t allow this type of correspondence.

\_\_\_\_\_ **Text correspondence:** I agree to allow University Dental to correspond with me/my family by text. This includes appointment reminders and other correspondence

\_\_\_\_\_ **Authorization to release information:** I, the undersigned, do hereby authorize, University Dental to release information regarding my care to any referring providers/specialties. This includes necessary transfer of information/x-rays by email/electronic transfer. University Dental complies with all HIPPA regulations.

\_\_\_\_\_ **Photographic Release** I authorize University Dental and its employees to take dental photographs of my teeth and face as it pertains to my treatment. These photographs will be retained as a part of my dental record and may be used for my dental treatment such as sending to a lab for reference when making veneers, or descriptive purposes.

**In consideration for the professional services rendered to me by the doctor and /or staff, I agree to pay the reasonable value of said services at the time said services are rendered/ I further agree that the reasonable value of said services shall be as billed unless objected to, by me, in writing. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver or any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit were instituted hereunder.**

We welcome you to our family and look forward to helping you establish and maintain a healthy, beautiful smile. If there is anything we can do to make your visit here more pleasant, please don’t hesitate to ask one of our team members.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Our Thoughts on Dental Insurance

We understand our patients' desire to take advantage of benefits their employer has purchased on their behalf. Sometimes we see them disappointed when those benefits don't completely match their needs. We want to share with you what we have learned about dental insurance so you will have clear expectations from the start. The benefits purchased for you were based on the amount your employer budgeted for buying insurance - not on your needs or those of others on the plan. No one from the insurance company checked your teeth, or your children's teeth, nor asked you what level of dental health was important to you. That's okay. That's our job.

**We want to assure you that in this practice we will always make recommendations based on what we believe to be the best for you; never on what your policy covers**

We will help you to see what we see, and diagnose things together. We'll help you understand the existing dental conditions in your mouth, how they occurred, and what you can do about them. We'll talk with you about options and help you understand the implications of choices you make. We want to work with you over time to help you achieve the level of health you desire for yourself and your children.

**Most of our patients tell us they want dentistry that is done right the first time. They want the longest lasting, most dependable, most comfortable and most attractive treatment they can have. That's also what we see as the best and, in the long run, the most economical dentistry.**

We encourage you to look at the dental insurance as an aid in achieving your goals. Dental insurance was never designed to pay for everything in the plan you might want; only to defer some of the cost of some of the treatment that its customers might choose. We have a lot of experience with dental insurance in our practice and we are happy to share what we know with you. We'll help you figure out what your benefits provide, help you to ask the appropriate questions of your benefits advisor, and help you get the most of what you are entitled to under your plan. We hope you will see us as a resource in helping you make good decisions regarding your dental health.