



**OAKSIDE DENTAL
STEVEN J. HORN D.D.S.**

OFFICE FINANCIAL POLICIES

Our financial Policy

Thank you for choosing Dr. Steven Horn for your family's dental needs. We are committed to providing you with affordable and excellent dental care. Your trust is very important to us so our goal is to make sure you fully understand your treatment needs and financial responsibility before treatment begins. We will make every effort to work with you to ensure that your dental needs can be met.

PAYMENTS:

Payment is expected at the time of service unless prior financial arrangements have been made. We offer several options:

1. Cash or check payments
 - a. Any check that is returned for any reason will be charged a \$40.00 fee. If a check is returned a second time, the patient will be charged a second fee and he/she will no longer have the privilege of paying by check.
2. We accept Visa, MasterCard, and Discover.
3. Care Credit: For financing of larger balances
4. Patients with insurance: co-pays, deductibles, and or portion not covered by insurance are due at the time of treatment
5. Patients without insurance: all payments for dental services rendered are due at the time of service.

Our friendly staff will be happy to help you maximize your dental benefits. We can help you verify your dental insurance coverage and benefits prior to your arrival at our office. Therefore, please fill out all necessary insurance information prior to your first visit. That way, we will be able to save you time and give you a closer estimate on your portion of the fee for each visit. Most plans only cover part of your dental service which means that you are responsible for any part that is not covered and/or any deductible. Many dental insurances policies have exclusions and limitations that can affect your out-of-pocket cost. Please review your policy or ask our staff to help you determine your benefit amount.

As a courtesy to our insured patients, we will be happy to help file your dental insurance claims. However, please remember that your dental insurance policy is a contract between you, your employer and the insurance company. Although we agree to help you file the claim, we are not a party to your insurance contract. Therefore, any payment that is not received from your insurance after 60 days from the treatment date will be due in full from you. You will then have to obtain reimbursement directly from you insurance company.

There will be a minimum of ½ down payment required at the time of service for any dental procedure that requires the service of a laboratory(crowns, bridges, dentures, etc).

MISSED APPOINTMENTS:

We, here at the office of Dr. Horn, are truly blessed with wonderful patients. We fully understand that life can be unpredictable and many times things come up unexpectedly. However, please understand that your appointment times are reserved especially for you and we truly do look forward to helping you with your dental needs. When life does take an unexpected turn and you cannot make your dental appointment we respectfully request that you notify us **at least 24**

hours ahead. If you missed the first appointment without notifying us, we will kindly ask that you not do that again. The second time you miss your appointment, we reserve the right to charge to your account a missed appointment fee of \$50 for each hour reserved for you. You will have to pay this fee prior to making another dental appointment with us. If you have missed more than two appointments in a 2 year period we will ask that you prepay a deposit in the amount of your appointment before another appointment is scheduled. If you miss a 3rd appointment or don't cancel within 24 hours minimum notice, **you will be forfeiting the money you have put down for your treatment.** This is fully refundable as long as you cancel with at least 24 hours notice. After 3 missed appointments we may decide to terminate our relationship with you and ask that you seek dental services somewhere else. You will be allowed to get emergency dental services for the next 30 days while you look for a new dental home. We thank you ahead for your cooperation and hope that we will never have to implement this policy.

REMINDERS

As a courtesy to you, we will make every effort to confirm your reserved appointment (phone, text or email). But, please do not consider it our responsibility to do so. If our attempts are unsuccessful, it is still your responsibility to keep your appointment or contact us 48 hours in advance to change or cancel the reserved time.

LATE ARRIVAL:

When we reserve time for you, we require all that time to provide you with the best quality of dental care. If you arrive more than 10 minutes late, your appointment may be rescheduled in order to meet the needs of those who are scheduled after you. If this happens it will be considered a missed appointment.

APPOINTMENT DELAYS:

We strive to see all patients on time for the scheduled appointment. We make every effort to stay on schedule. There are times when our schedule is delayed in order to accommodate an injury or an emergency. Please accept our apology in advance should this occur during your appointment. We will provide you the same courtesy if you are in need of emergency treatment.

I have read and understand the above agreement, any questions and concerns were answered fully to my satisfaction, I understand that I am responsible for all fees and/or balances due and agree to pay them in a timely manner in order to avoid any additional charges. I, the undersigned (patient or legally responsible party) hereby authorize treatment to be rendered and assume all financial responsibilities. Furthermore, I authorize release of any information relating to my insurance claims and the assignment of any and all dental benefits paid directly to Steven Horn DDS/Oakside Dental PC otherwise payable to me and my credit information may be accessed when necessary. I understand that I am responsible for all costs of dental treatment and any additional costs incurred in collecting this account, including interest, court cost and attorney fees, will be added to my balance

I, _____ have read and reviewed the above policies and understand the policies as they are described above.

Signature: _____ Date: _____