

Chamisa Hills Family & Cosmetic Dentistry

1105 Golf Course Rd SE Bldg A
Rio Rancho, NM 87124
505-891-3190

OFFICE POLICY FORM

Thank you for choosing Chamisa Hills Family and Cosmetic Dentistry for your dental care. We are looking forward to helping you maintain healthy teeth and gums. We appreciate the trust you have placed in us for your dental care. Our office policies and procedures are designed to keep you informed. All our patients and or guardians must complete and sign our office policy form prior to any treatment. We ask that you sign this form after you have read it.

PAYMENT ARRANGEMENTS

We accept **CASH, CHECK WITH ID AND CREDIT CARDS (Debt/Visa/Master/Discover Card)**

Full payment (co-pay) is due at time of service. Estimates for major dental work are available. If you need major dental care, and extended payment plan is available with prior credit approval through *Care Credit*. Our office does not offer extended in house payment plans. All financial arrangements must be made with the office manager prior to any appointments for dental treatment.

REGARDING INSURANCE

At this time, we are providers for **Aetna PPO, Aetna Access, Ameritas PPO, BCBS PPO/Federal, Cigna PPO, Dental Source, Delta Dental, Guardian, Humana, Medicaid (Salud only), MetLife, Principle PPO, Total Dental Administrators and United Concordia**. All other insurance companies are considered out of network. We will accept assignment of benefits. Patient is responsible for any fee difference for out of network insurance company. Your insurance policy is a contract between you and the insurance company. We are not party to that contract. In the event we accept assignment of benefits, we require that you pay the deductibles (or provide proof that you have done so) and pay the estimated portion of your bill at time of service. All our claims are filed electronically. If your insurance company has not paid within sixty (60) days, and all efforts to collect from them have been exhausted, the unpaid balance will become your liability and you will be responsible for payment regardless of any insurance company's arbitrary determination of the unpaid services.

MINOR PATIENTS

An adult parent or guardian must accompany minor patients. If a patient is accompanied by a non guardian a note must be brought from the guardian stating who is bringing the patient and a contact number must be given for the guardian. We would ask that the front office be notified in advance if a non guardian will be bringing a minor patient. All non guardians must have photo ID. Please do not leave your children unattended. OSHA standards do not permit unattended children in the clinical area, so please make arrangements to have an older sibling or adult stay with them during your appointment.

MISSED APPOINTMENT(S)

In this day and age, when time is of the utmost importance, we really count on you to arrive on time. If you can not keep your scheduled appointment we require that you give us the courtesy of a 48 hour notice. **THERE WILL BE A CHARGE OF \$55.00 FOR ALL MISSED OR BROKEN APPOINTMENTS WITHOUT AT LEAST 24-HOURS NOTICE.** Multiple missed appointments will result in a dismissal from our practice.

Thank you for reading and signing our policies. Please let us know if you have any questions or concerns.

I have read the policies and I understand and agree to them.

Patient Signature

Date ___/___/___

Guardian Signature (if patient is a minor)

Date ___/___/___

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Acknowledgement of Receipt of Notice
You may refuse to sign this acknowledgement

I, _____, have received / reviewed a copy of Chamisa Hills Family and Cosmetic Dentistry office privacy practices.

Patient/ Guardian Signature

Please Print Name

Date ____/____/____

FOR OFFICE USE ONLY

- Individual refused to sign
 Communications barriers prohibited obtaining the acknowledgement
 An emergency situation prevented us from obtaining acknowledgement
 Other (Please Specify)