

Deer Ridge Family Dental Office Policy

Please review the following policy statement prior to completing your health forms.

Welcome to Deer Ridge Family Dental! Thank you for selecting our office for you and your family's dental needs. Prior to leaving our office today, you will receive a full explanation of your treatment plans and fees. If for any reason you did not understand any element explained to you. Please do not hesitate to asking for clarification from the Doctor's they would be more than happy to answer all of your questions.

APPOINTMENTS

Our office schedule appointments for the convenience to our patients availability. We want our patients to have the best dental experience.

Appointment times are reserved exclusively for each of our patient, and to avoid any fee for canceling an appointment we ask that you please notify our office 48 hours in advance of your schedule appointment time. Quality care is the first and foremost the first in our office. Emergencies do occur, for this reason we want to be able to help treat every patient, for that reason we do asked for your assistance. If we do not receive a call for a cancellation and or failed to show as scheduled, you will be charged a broken appointment fee of **\$50** per patient. Please be aware if you arrived 15 minutes after your scheduled appointment time, you may be required to reschedule your appointment.

Records/X-Rays

To better serve our patients needs, if our patients do decide to leave the practice for any reason, our practice does understand that you have all right to request copies of your dental records/X-Rays. Duplications of x-rays taken by our office unfortunately there is a fee of **\$25**. By law we are required to retain original on our files.

Dental Insurance Polices

We know that insurance can we quite confusing. Our office files dental insurance as a courtesy to our patients. In understanding that we are not contracted with your dental insurance company, only you as a patient do. Our office is not responsible for how your dental insurance company handles their claims or how they payout for benefits claims.

Our Office currently is in-network with Delta Dental (Premier) and Delta Dental (PPO). Our office do accept, but are out-of-network provider for all other PPO's and Preferred Option. Unfortunately our office does not accept HMO/DMO/PMI, or any Medical/ Healthy Families.

Out-of-network provider means that our office charges according to our office fee schedule, but the insurance company will paid according to their own fee schedule. EX: we charge \$100 for a service and the insurance company says that they will cover 100% of that service; they will cover 100% of \$80. The \$20 difference will be the patient's responsibility. (If you have any question please call and ask for details).

Co-Payments

All patient portions and deductibles are to be paid when service is provided. Prior to treatment unless otherwise stated. Our team strives to have patient's treatment estimate and or co-pay at appointment time. Co-pay is an estimate of your treatment plan, but in some cases additional amount will be due at the end of treatment.

Payment is expected at the time of services is provided by the person accompanying the patients unless other arrangements have been made by our office in advance. In the event reimbursement is expected from a third party, it is the responsibility of the person making the appointment and bringing the patient to the office to pay for the services rendered and seeks reimbursement from the third parties.

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Deer Ridge Family Dental office will not be responsible for seeking payment from third parties.

Our office accepts all major credit cards, as well as debt cards with VISA OR MASTERCARD logo, cash, check, or money orders. Care credit financing is available with our office. (See a team member for further details). All checks are verified for funds. Returned checks will be returned with a \$25 fee in addition to the account balance.

If you have not paid you balance within 90 days you account may be frozen and referred to our collection department. Once the account is referred to our collection department further service will not be provided until the outstanding balance is paid in full. In the event the payment cannot be made in full please call the office to discuss alternative payment plans. We will make every attempt to accommodate your situation.

Follow-up Dental Care

Our doctors strive to provide quality oral health care to all of our patients. Our office passion is in order to increase our patients chances for long term success for our patient's , we requests that each and every patients have follow-up visit and check -ups every 6 months and once a year for patient in dentures(evaluation of gums). After every check-up appointments patient will leave with the understanding and new outlook on oral health with a full treatment plan, and educational tool how to care for your oral cavity. With a successful plan as a team both patients and doctors have the best opportunity to achieve long term oral/physical health. The Doctor's will address you and your families check-up needs as necessary.

Now that our office have dispensed with all the formalities, in understanding all Deer Ridge Family Dental Office policy and procedures.

I, _____ understand what is expected as a patient and what will be provided by my dentist.

Patient's Name (PLEASE PRINT)

Patient's Signature or Legal Representative

Date Signed