

DR. BRUCE BIEBER D.D.S

DEAR PATIENT,

IF WE ARE PARTICIPATING WITH YOUR INSURANCE PLAN PLEASE BE AWARE OF THE FOLLOWING:

WE CANNOT BY LAW WAIVE ANY DEUCTIBLES. IF YOU HAVE A DEDUCTIBLE IT IS DUE AT YOUR SCHEDULED APPOINTMENT.

IF YOUR INSURANCE COMPANY OR LOCAL UNION SENDS YOU A CHECK THAT SHOULD BE PAID TO OUR OFFICE, PLEASE BRING IT TO OUR ATTENTION IMMEDIATELY AND FORWARD ALL CHECKS TO DR. BIEBER. PLEASE DO NOT DEPOSIT CHECKS TO YOUR ACCOUNT THAT WAS SENT TO YOU IN ERROR BY YOUR INSURANCE COMPANY.

IF YOUR INSURANCE COMPANY DOES NOT COVER A PROCEDURE OR DENIES PAYMENT FOR ANY REASON, IT IS YOUR RESPONSIBILITY TO MAKE PAYMENTS OUT OF POCKET, AND YOU CAN RESOLVE THE DISCREPANCY WITH YOUR INSURANCE CARRIER DIRECTLY, SO THEY CAN REIMBURSE YOU. PLEASE NOTE THAT OUR OFFICE HAS TO WAIT 2 TO 4 MONTHS FOR PAYMENT AFTER SERVICES ARE RENDERED, THEREFORE WE CANNOT AFFORD TO WAIT ANOTHER 6 MONTHS IN CASE OF NON- PAYMENT. ALSO PLEASE NOTE THAT DEPOSITS MADE ON ALL DENTAL WORK OR CO-PAYMENTS ARE NON-REFUNDABLE.

IT IS AGREED THAT IF THERE ARE ANY CONDITIONS IN YOUR INSURANCE PLAN NOT MENTIONED ABOVE, YOU WILL ABIDE BY THEM.

### BROKEN APPOINTMENT/CANCELLATION:

WE WISH TO INFORM ALL PATIENTS THAT WE RESPECT YOUR TIME AND HOPE YOU WILL EXTEND THE SAME COURTESY TO OUR OFFICE. IF YOU CANNOT KEEP YOUR SCHEDULED APPOINTMENT, WE EXPECT TO BE INFORMED 24 TO 48 HOURS PRIOR TO YOUR APPOINTMENT. FAILURE TO DO SO WILL RESULT IN A CHARGE OF \$75. PLEASE BE MINDFUL THAT WE REQUIRE AMPLE TIME SO WE CAN SCHEDULE OTHER PATIENTS WHO NEED APPOINTMENTS. OUR OFFICE SEES PATIENTS ON AN APPOINTMENT BASIS AND FAILURE TO GIVE NOTICE IS TIME WASTED. THERE ARE NO EXCEPTIONS TO THIS POLICY.

THANK YOU FOR YOUR UNDERSTANDING AND COOPERATION IN THIS MATTER.

AGREED BY \_\_\_\_\_

PRINT NAME

\_\_\_\_\_

SIGNATURE & DATE