

# Our Financial and Scheduling Policy

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Thank you for choosing us as your dental health care provider. *It is our sincere desire that you receive the proper and optimal treatments needed to improve and maintain your oral health.* To avoid any possible misunderstandings regarding payments for services rendered, we are providing you with this statement of our financial and scheduling policy. If you have any questions or concerns about our payment policies, please do not hesitate to ask our office staff.

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments that accommodate the busy scheduling needs for all of our patients. In return, we ask that patients make every effort **not** to change reserved dental appointments. Broken and missed appointments create scheduling problems for other patients as well as the practice. If you find that you must change your appointment, we require a minimum of **Two Business Days Notice** so that we may accommodate another patient. A charge will be applied for broken and missed appointments without advance notification. This fee then must be paid before a new appointment is scheduled.

**Payment is due at the time the services are rendered.** We accept cash, checks, and for your convenience, most major credit cards. We can also make available an application for one of our patient financing companies, should you desire. We will be happy to process your insurance claims at no additional charge. You may be required by your insurance company to bring a signed insurance form to each visit. We do accept assignment of insurance benefits.

Please initial by each paragraph indicating you have read and understand each statement.

\_\_\_\_\_ 1. Your insurance policy is a contract between you, your employer and the insurance company. We are **NOT** a party to that contract. **Our** relationship is with **you**, not your insurance company.

\_\_\_\_\_ 2. All charges are **your** responsibility, *whether your insurance company pays or not*. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Please understand that our patients have hundreds of different policies and it is impossible to keep abreast of everyone's changes and coverage. We will do our best to assist you.

\_\_\_\_\_ 3. Fees for services provided, including unpaid deductibles and co-payments are **due at the time of treatment**. We **estimate** these payments for you, given all the information we have available. All information you can provide us will help to estimate more accurately.

\_\_\_\_\_ 4. If the insurance company does not pay in full within 90 days, we may ask you to pay your balance due with cash, check or credit card.

\_\_\_\_\_ 5. Returned checks will be subject to additional collection fees. Our return check fee is \$35.00.

\_\_\_\_\_ 6. Account balances older than 30 days will be subject to finance charges of 1½ % per month, which will be added to your account and become part of your balance.

\_\_\_\_\_ 7. If your account becomes delinquent (over 90 days past due), we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency, or to a lawyer, you agree to pay all of the collections cost, lawyer's fees plus all court cost which are incurred.

\_\_\_\_\_ 8. If your account is over 90 days past due, we will not schedule any appointments until the account is brought current. We also reserve the right to terminate our doctor-patient relationship with you and request you seek treatment at another dental office.

\_\_\_\_\_ **9.** Fees quoted for services will be honored for 30 days, but may change after that.

\_\_\_\_\_ **10.** Parents or guardians that accompany minor children are responsible for the charges incurred that day. It is the authorizing parent's responsibility to collect from the other parent in case of divorce or custody agreements.

\_\_\_\_\_ **11.** We reserve the right to charge for wasted appointment time due to broken appointments. The fee for a broken appointment without **Two Business Days Notice** is \$41.00. The fee for not showing for an appointment and not contacting our office ahead of time is \$73.00. After **three** broken appointment charges have been assessed, any further broken appointments will be charged **the greater** of \$400.00 or 50% of the scheduled appointment fee. These fees will not be covered by your insurance and are your responsibility. These fees will not be covered by Healthy Kids or MI Child insurances and will be your responsibility to pay. **No appointments will be scheduled until these fees are paid.** We also reserve the right to terminate our doctor-patient relationship with you and request that you seek treatment at another dental office if you break multiple appointments without **two business days notice**.

We understand that temporary financial problems may affect the timely payment for your services here. We encourage you to communicate any such problems so that we can assist you in the management of your account.

*I have read and understand the financial and scheduling policy.*

\_\_\_\_\_  
Patient's Signature (Guardian, if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name