

Office Policies Teresa Hall, DDS

Our philosophy is to provide the highest quality of patient education and dental care. Our hope is by providing you the following information we can prevent misunderstandings to ensure you a positive experience.

Expected Payment

To keep our fees to you as low as possible, we ask that payment be made at the time of service. For your convenience, an estimate for services will be prepared in advance of your appointments to ensure you an opportunity to plan for your dental care. We believe everyone deserves the dental care they need and want.

Dental Insurance:

We are happy to file your dental claims to assist you in receiving the full benefits for your coverage. We request you familiarize yourself with your insurance benefits and provide us the correct information to assist you with the submittal of your claims. We will accept the insurance payment directly from your insurance company provided the payment is received within 60 days. Please realize that your insurance is a contract between you, your employer, and the insurance company. Not all services are covered benefits in all contracts, therefore, you are ultimately responsible for the total amount of your dental care. The treatment recommended for you is indicated regardless of your dental insurance benefits, deductibles, limitations, or maximums.

Payment Options:

For your convenience, we provide a variety of payment options to help you receive the quality of care you need to enjoy a healthy and confident smile. These options include major credit cards, cash, personal checks, and extended third party financing through Care Credit, Corp. Please note that there will be a \$25.00 fee for any returned checks.

Past Due Balances:

If applicable, balances owing from a prior visit where insurance is not pending, or an insurance payment has not been received within 90 days, or the account has been sent to collections, is considered past due. Payment of any past due balance is required to be paid in full before incurring new charges. Balances over 90 days will be turned over to a collection agency for payment.

Cancellations:

If you are unable to keep an appointment that has been reserved for you, we request that you provide us with a 48 hour notice. There will be a charge of \$75.00 per hour for cancelled or missed appointments with that 48 hour notice requirement. Early notification ensures that we can offer you a more convenient appointment and allows us sufficient time to accommodate the needs of another patient, therefore filling the time previously reserved for you. We realize that emergencies do occur and we will be flexible under these circumstances.

Information Changes:

To ensure your records are current, please notify us of any changes related to your medical history, telephone numbers, address, employer or insurance information as they occur.

My signature indicates that I understand the policies as outlined and any questions I have with regard to office policies have been answered.

Signature of Responsible Party or Parent

Date