

FINANCIAL AND APPOINTMENT POLICY of Dr. Priti A. Patel's Dental Office

Our office appreciates the confidence you have shown in choosing us to provide your dental health needs. We are committed to serving you with skill, knowledge and care. We consider dental care to be a team effort between the patient and the dental team. It is a service in which you have elected to participate, which implies financial responsibility on your part.

The following policy applies to all patients who have no insurance coverage:

- 1) Your initial visit will be on a cash basis. Subsequently our financial officer will make appropriate arrangements with you.
- 2) Appointments are usually scheduled in advance. As a courtesy to others, please be on time for your appointment. If you are unable to keep your appointment, please notify our office at least **48** hours prior to the appointment or a short notice fee of up to **\$150.00** will be charged.

The following financial policy applies to all patients who have insurance coverage:

- 1) We will be happy to bill your insurance company for your care providing you give us all the information we need. Even though you have insurance coverage, please remember that paying your dental care **is your personal responsibility**.
- 2) You will need to verify your insurance benefits by contacting the insurance company. We will also have you sign other forms as needed. Please note: Until we have verified your coverage, you will be responsible for paying for your own care at each visit.
- 3) You will need to pay your portion of the charge as service is rendered. This includes the annual deductible, co-payment, and any charges which your insurance company refuses to pay. Our office policy does not allow us to extend credit.
- 4) As a courtesy to you, we will bill your insurance carrier on your behalf. Although benefits are verified, this is not a guarantee of payment. You are ultimately responsible for the payment of your bill. If your insurance carrier denies any part of your claim, you are responsible for your account balance in full.
- 5) Occasionally, insurance company will send a payment to a patient. If this occurs, bring us the check and the attached stub. The information on the stub is very important.
- 6) Your insurance company may request additional information from you. Please send the information to them right away. They will not pay your claim until they receive the information.
- 7) If you suspend or terminate your care against the advice of your doctor, all outstanding charges that have not been paid by you or your insurance company will become immediately due and payable by you personally before you leave.
- 8) Appointments are usually scheduled in advance. As a courtesy to others, please be on time for your appointment, if you are unable to keep your appointment; please notify our office at least **48** hours prior to the appointment or a short notice fee of up to **\$150.00** will be charged.

By signing below you agree to follow this policy.

SIGNED:

Patient Signature (or Parent of Minor) _____ **Date** _____

Print Name _____