

## **Office and Financial Policy**

**Insurance:** We are currently a contracted dentist for many insurance plans. However, when making an appointment, it is your responsibility to confirm with your insurance company whether we are in or out of network .We will gladly file claims on your behalf and collect estimated co-pays at the time of your visit. You will be responsible for any remaining balance after your insurance has paid.

**Self-pay:** If you do not have insurance, payments in full is expected at the time of service.

**The patient is responsible for knowing their insurance benefits coverage.** We try very hard to be familiar with your insurance. It is automatically your responsibility to know your claim history and frequency limitation stated by your insurance company.

**Check-in:** Please arrive for your appointment at least 15 minutes prior to our appointment time, so that all paper work may be completed before you are scheduled to be seen. Please also bring your current insurance card with you to EACH VISIT. Without the insurance card, we will be unable to file your insurance, and you will be responsible for the day. On Follow-up visits, you will be asked to verify demographic and insurance information so that our records remain up-to-date.

**Check-out:** Please be prepared to pay for current visits as well as any past due balances account. Payment of co-pays, deductible fees for non-covered services will be required at the time of service. For your convenience we take cash, check, MasterCard, visa, American Express and Discover.

**Dishonored Checks:** A \$30.00 service charge will be assessed on all dishonored checks. The full amount of the check plus a \$30.00 fee must be paid by either cash or money order with in ten days. If payment is not received with in the allotted ten days, your information will be filed with the Fort Bend County Attorney's Hot Check Division. All fines associated with the filling of this check will bne responsibility of the patient.

**Late arrivals:** We do our best to keep to the schedule. When a patient arrives late, it is impossible to stay on schedule. If you are arrive more than 15 minutes past your appointment time, you may be rescheduled so that other patients are not inconvenienced.

**Late cancellation or no show for appointments:** Our appointment time are very important to help accommodate everyone. Therefore, we request 24 hour notice if you need to cancel or reschedule an appointment. We will send out a written notice if you miss one appointment.

**I have read, understand and agree to the above office and financial policies. I hereby attest that I have given and agree to provide current demographic and insurance information and authorize release of authorization necessary to filing and pre-certification by signing this statement.**

Patient Name:

Signature of Parent Guardian: