

## MASON FAMILY DENTISTRY OFFICE POLICIES

We are committed to providing you with the best possible dental care. We also want to serve you in a manner which is as comfortable and pleasant as possible. In order to achieve these goals, we need your assistance and your understanding of our payment policy. We will gladly discuss your proposed treatment, give you as detailed an estimate as possible in writing, and answer any questions that we can about your insurance. If you have dental insurance, we will assist you in receiving your maximum allowable benefits.

We cannot emphasize too strongly that the extent of your insurance benefits is defined in a contract between you, your employer and an insurance company. We are not a party to that contract. We had no input into any of the decision-making. As your dental care providers, our relationship is only with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date that the services were rendered. We will help you by processing your insurance claim form and sending it in promptly. All co-pays will be collected at time of service. Payment can be made by cash, check, Visa, MasterCard, and Discover.

For your convenience, at no minimum charge, we offer CareCredit. With approved credit you may qualify for 6 & 12 months no interest or extended payments plans for treatment over \$1000.00 from 24-60 months.

I authorize the release of dental information necessary to process an insurance claim. I authorize payment of dental benefits to the provider for professional services rendered. I understand that when my dental insurance coverage excludes or does not fully cover services rendered, I am responsible for the account balance in full. In the case of default of payment, I will pay a \$20.00 collection fee, any legal interest on the balance due and attorney fees incurred to ensure collection.

We understand that circumstances arise in individual's lives that preclude keeping their time commitments, such as sudden illness, transportation problems, employer demands, etc. While we can be sympathetic about these events, we cannot take financial responsibility for them. We try very hard to keep our fees reasonable, and unfilled appointments simply raise the cost of dental care for everyone. It is our office policy not to charge for the first missed appointment, however in the future, if an appointment is failed or is canceled with less than **24 business hours** notice, and we are unable to fill your appointment, you may be charged \$25.00. We will try our best to fill the appointment, the more notice we are given the better chance we will have filling the appointment time. With three failed or canceled appointments per family within 18 months, you will be dismissed from our practice. You may obtain your records and x-rays for a fee of \$25.00.

For purposes of missed appointment fees, **business hours** are defined below. Messages left after hours, Friday, or on the weekend, while appreciated; do not meet the business hours requirement.

|           |                     |
|-----------|---------------------|
| MONDAY    | 10:00 AM TO 5:00 PM |
| TUESDAY   | 8:30 AM TO 5:00 PM  |
| WEDNESDAY | 8:30 AM TO 5:00 PM  |
| THURSDAY  | 8:30 AM TO 5:00 PM  |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ACKNOWLEDGEMENT OF RECEIPT FOR NOTICE OF PRIVACY PRACTICES

**\*\*You may refuse to sign this acknowledgement\*\***

I have received a copy of this office's Notice of Privacy Practices.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date