

# *Office Financial Policy*

Our office makes an attempt to assist our patients in getting a basic breakdown of their dental benefits. The insurance companies explain that benefits are covered only on “usual and customary” fees (as determined by them) and that they do not guarantee payment for any of our services over the phone. No insurance company we have dealt with has been willing to disclose how they presume fees to “usual and customary.”

We will attempt, with the information given to us from the insurance companies, to determine what their coverage of our services for you will be. However, it is the responsibility of the patient to determine the benefits of their policy. We will furnish your insurance company with all the information necessary to process any claim we submit to them for our services rendered to you. If an insurance company denies any claim submitted by this office for you, you are responsible for payment of that claim. If you have any questions as to why a claim was denied by your insurance company, you will need to obtain that information from the insurance company regarding that denial. If a claim on your policy for our services rendered to you is denied, you will be billed by our office for the full amount of that claim and payment will be expected from you in full.

If any balance on your account remains unpaid after 30 days and claims process has concluded, it will be necessary thereafter to insist that you pay us in full before any of our services are completed for you. We will continue to submit claims for those services to your insurance company and the company will reimburse you directly.

We value our committed patients and their time as well. We are not an office that over-books to make up for no-shows. We reserve a special appointment for each patient in order to give them our full attention and the level of care to which we are committed. There will be a \$50.00 charge appointments with the hygienist cancelled less than 24 hours prior to appointment. Appointments with the doctor (i.e. crowns, fillings, etc) cancelled less than 24 hours prior to appointment will be charged at a rate of 10% of the fee for the scheduled procedure.

Thank you for your support in maintaining the excellence in care that you can expect to receive in Dr. Stuart's office.

I, the patient and/or patient's guardian understand this policy and accept responsibility for fees as described above for Dr. Stuart's care.

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**Patient and/or Guardian Signature**

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**Date**