

First Impressions Dentistry

Financial Policy

Thank you for choosing our office for your dental care, we appreciate the trust you have given us. We are dedicated to providing you with the best quality of care. We also care about our customer service and your overall experience with us. We attempt to make accessing our services easy and as hassle free as possible. The following represents our financial policy relative to your appointment and payment services.

_____ We participate in many insurance plans. Co-payments, Deductibles and Co-Insurance must be paid at the time of service.

If you are insured, please supply us with your correct and full insurance information before the day of your appointment. We are not always able to verify your insurance at the visit. If we are unable to get your insurance verified, you will be required to pay for your visit in full. Once your insurance can be verified, we will direct them to reimburse you directly. We prefer to have it verified beforehand so you can utilize your coverage.

_____ Appointments that are 2 hours or longer will require a prepayment of your portion in order to schedule. We prepare treatment rooms and coordinate staff schedules to be available for your care. Should you find it necessary to reschedule any appointment, we require a full 24 hour notice, anything less than that will result in a \$40 late cancellation or no show fee. We value our patient's time away from work and family and request you value your appointment as well.

_____ Finance charges may be added to any balance over 60 days without insurance pending. Please call us right away should you have any questions regarding your bill so that we may avoid this.

_____ Should your account be forwarded to a collection agency, a collection charge of 35% will be added to your account.

_____ We will submit your claims for you as a courtesy and assist you in any way possible to help get your claims paid. Your insurance company may need information from you before they can process your claim. It is your responsibility to comply with their request. In failing to provide them with anything they need from you, they will deny your claim and you are responsible for the balance in full. Please be aware that the balance of your account is your responsibility whether or not your insurance company pays your claim.

Again, thank you for choosing our office. Just as our dental team is available to provide you with outstanding dental care, our administrative team is available to assist you with any financial questions or concerns.

My signature below acknowledges that I have read and understand this Financial and Appointment Policy.

Signed _____ Date _____

Printed Full Name _____

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