

Thank you for choosing our practice to provide your dental and eye care...

We are committed to providing high quality care for our patients. Our goal is to help you reach the best oral and optical healthcare as possible.

Insurance

Your insurance coverage is a contract between you, your employer, and your insurance company. As a courtesy to our patients, we are happy to submit your claims for services. In order for us to do this, you must provide us with accurate and up-to-date insurance information. We will verify your coverage and plan before your appointment. With this, we will estimate the insurance portion and your co-payment. This may or may not be what the insurance company will actually pay. Your plan may base its dollar allowance on a usual and customary fee schedule which may not coincide with current fees in our area. We'll do our best to help you receive maximum benefits. We will wait 60 days for insurance claims to be paid. After 60 days if payment has not been made, you will be asked to pay the balance and seek reimbursement from your insurance company.

Payment Options

Payment is expected at the time of your services. If you have insurance, we will provide an estimate of your co-payment and collect your portion at the time of your appointment. We accept cash, checks, Visa, MasterCard, and Discover. We also offer Care Credit, a healthcare financing program that offers interest-free payment plans upon approval.

A late fee of 3.0% will be assessed monthly to accounts after 60 days. Any unpaid balance over 90 days will be considered delinquent and turned over to a collection agency. Fees may apply. Returned check fee is \$35.00.

Minor Patients

Please plan to be present at appointments with your child under 18. If you cannot be there, please make prior arrangements with our staff. The parent or guardian accompanying the minor child is responsible for payment. In the case of a divorce, regardless of decree, the parent who brings the child and has signed the financial agreement is responsible to pay for the child's services. We are unable to bill separate parties; therefore parents can work out these details.

Appointment Changes

Your reserved time in our office is important. We understand that sometimes it is necessary to change your appointment so we ask that you kindly give us a minimum of 24 hours notice. Without this notice, we are unable to offer treatment to other patients that may have needed our care. If 2 or more appointments are broken in a 12 month period without notice, all future appointments will be cancelled and patients will be placed on a "priority list" for their next visit.

Patient Signature (if minor, parent signature) _____

Date _____