
The primary goal of our practice is to provide the highest quality dental care to our clients. Since our practice also has financial obligations which must be met, we ask you to note the following statements of our financial policy.

Important Dental Insurance Information for our Patients:

Understanding your insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each company pays an insurance premium for specific coverage which fits the company budget. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy exclusions, deductibles, and required co-payments.

Your insurance plan is a contract between you (or your employer) and the insurance company. Ultimately, patients are financially responsible for their accounts. Specific questions about eligibility and plan coverage should be directed to your insurance or your employer.

Treatment Plans and Estimates:

Treatment plans are merely estimates. We may encounter situations during the course of your planned treatment that may require different and/or additional procedures. It is often impossible to predict the *exact* cost of the treatments until they are rendered.

Our Courtesy Service to you includes:

- . Researching your dental insurance plan to advise you of benefits available to you.
- . Following the American Dental Association guidelines for coding procedures and filing insurance.
- . Filing your insurance on your behalf within 48 hours of your visit and requesting payment of your benefit to our office.

Our expectations of you as the Owner of the Policy:

- . Payment of fees not covered by your insurance plan at the time the services are rendered including deductibles and co-payments. In the event that your insurance carrier pays less than the estimated amount, you are responsible for the unpaid balance. 2% Finance Charge will be applied to unpaid account balances every month.

Note: Co-payments are due at time of services rendered. Invoices are only generated for unpaid balances after insurance payments have been made on a claim.

- . Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from your insurance carrier.
- . Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules (called *Usual & Customary Rates*) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for insurance not our fees or recommended treatment.
- . Taking responsibility for payment if the insurance company does not pay our office within 30 days.
- . Keeping our office informed of any changes in your insurance coverage or employment.

Emergency Services:

- . All efforts will be made to accommodate emergency visits as soon as possible; but in some cases patients will have to wait for the next available appointment if appointments are made over the phone or wait for more than 30 minutes or until the dentist becomes available if visiting without a prior notice.
- . Due to the nature of emergency visits, new patient emergency treatments will only be accepted if patient covers the charges of the service at the time the service is rendered.
- . Post-operative complications of another dentist's treatment will not be treated and patient should seek treatment under the care of the dentist who has initiated the treatment.
- . Medications will not be prescribed over the phone for new emergency patients that have not been visited by the dentist. Only in some established cases with patients of record medications not including heavy narcotics will be prescribed over the phone.

Please Read Both Pages Carefully, Sign & Date

Termination Policies:

The dentist-patient relationship may terminate if:

- . Treatment recommendation is refused by the patient and the dentist can no longer continue to care for the patient at or above the standard of care.
- . Patient falsifies and fabricates information documented in his/her records.
- . Patient doesn't fulfill his/her financial obligations and stops making payments for services.
- . Patient misses or cancels numerous appointments.
- . Patient makes unreasonable demands on dentist and his/her staff.

In the event of termination of dentist-patient relationship, the patient will be informed & assisted during the termination of the relationship. The dentist will provide emergency care to the patient for 30 days from the date of termination.

Missed Appointment & Cancellation Policies:

. Each missed appointment without 48 hour notice in advance will be subject to \$25 per 30 minute of appointment.

***After your first missed appointment with less than 48 hour in advance notice, it is our policy to secure a down payment of \$25 per 30 minute of future booked appointments.**

- . As a courtesy to you we have a patient appointment reminder service in place. If you have any questions about your appointment or if there is any discrepancy, you should ALWAYS verify by calling our office.
- . NO responses to automated emails or messages should be made for changing or cancelling appointments!
- . Remembering your appointment date and time is ultimately your responsibility. Not getting a reminder is neither an excuse to miss your appointment nor will it invalidate your originally set appointment.
- . Rescheduling & cancelling appointments are ON LY accepted via phone calls made in person.
- . Rescheduling & cancelling appointments via text message and email are NOT accepted and will be subject to our missed appointment office policies.

Administrative Charges:

Checks returned by the bank	\$25
Finance Charge applied to unpaid balances (each month)	2%
Missed appointments per 30 min of appointment (unless notice is given 48 hours in advance)	\$25
*Down payment per 30 min of booked procedure appointment	\$25
Collection agency fee (not including attorney & court costs)	\$50

Payment Plans:

For patients who prefer a monthly payment plan, we have made arrangements with CareCredit®. There are no application fees or down payments and approval is usually provided quickly. The loan may be interest-free for up to twelve months. Applications and additional information are available from our receptionist.

I hereby authorize Artiste Dentistry LLC to release to my insurance company, information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to Artiste Dentistry LLC.

I have read this financial policy. I understand and agree to the terms of this financial policy.

Signature of Patient (or Financially Responsible Party)

Date

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