

Siegel and Dolt Comprehensive Care Appointment/Financial Guidelines

Appointment Cancellation or Rescheduling

Initials _____

When you schedule a dental or hygiene appointment, that time is reserved just for you. We understand that emergencies do arise and will take this into consideration; however, we require the following notification in consideration of other patients waiting to schedule appointments:

- **Dental Appointments** -- 48-hour notice or a cancellation fee of \$100.00
- **Hygiene Appointments** -- 24-hour notice or a cancellation fee of \$50.00

Insurance

Initials _____

This practice is not an in-network provider with any insurance company. However, you may receive out-of-network benefits and we will be glad to assist you by filing your insurance with your primary carrier. Please remember, our agreement is with you and not your insurance carrier. We have no control over the coverage you or your employer have chosen. If your insurance information changes, it is your responsibility to notify our office of the change.

We are happy to calculate an estimate for you based on your individual insurance coverage. Please understand it is only an estimate and not a guaranteed amount of your insurance payment. The patients' estimated responsibility after insurance is due at the time of service unless other financial arrangements have been made prior to treatment. As the patient, you are ultimately responsible for total payment for services rendered regardless of insurance payment.

Your insurance claim is filed electronically within 24-48 hours of service. If your insurance carrier does not respond or payment is not received within 30 days, we will re-send the claim. The practice will also send any additional documentation of need as requested by the insurance company. Additional follow-up with the insurance company or resubmission of claims after 60 days is the responsibility of the policyholder. It is your responsibility to contact your insurance company or pay the balance in full after 60 days.

You will receive a statement of account from our office each month that will show any payment(s) made by you and/or your insurance carrier. If payment is not received for the balance within 90 days after treatment and your insurance claim has been filed, finance charges will accrue at 1_% of the unpaid balance monthly.

Payment for Treatment

Initials _____

Fees for treatment are due at the time of service unless financial arrangements have been made prior to treatment. You will receive a statement of account from our office each month. This is our only means of communicating with our patients regarding the status of their account. If payment is not received within 90 days, finance charges will accrue at 1_% of the unpaid balance monthly.

If you have insurance, you are welcome to leave your credit card number on file with us for your convenience. Therefore, if there is a remaining balance after insurance, it can be applied to your card and the receipt sent to you. We are pleased to accept, MasterCard, Visa, American Express, and Discover. Payment to our office is neither contingent nor dependent upon your insurance company.

- Returned Check Fees - \$35.00
- Collection Fees - There is a 30% collection fee for accounts over 120 days old. By my signature below, I authorize said assignee to release all information necessary to secure payment from outside sources.

I acknowledge that I have read and understand all the above policies.

Signature _____

Date _____

Print Name _____



Siegel&Dolt

Comprehensive Dental Care