



Thank you for being a part of our practice and trusting us with your care! We hope to establish long lasting relationships with our patients and look forward to serving you for many years to come. We will always recommend the best treatment for you that fits within your specific financial situation.

Initial

_____ Bond Family & Implant Dentistry does require payment in full for your portion on the day of service. This allows us to help the environment by saving paper and postage associated with sending bills. For previously planned treatment appointments with the Doctor, payment is requested at the beginning of the appointment to save you from having to check out with a numb area of your mouth. If treatment is altered during the appointment, additional fees or refunds will be processed at the end of the appointment. If you need extended financing options, we work with two companies who offer lines of credit for treatment.

_____ Your dental insurance benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefit plans are only meant to assist you in paying for the dental care you need.

_____ We are considered "in network" for almost every private care insurance company. Each company has hundreds of plans, each with different benefit amounts and different sets of fees. Our software uses a database to request plan specific benefits for us to provide you an estimate of your portion due. At your request, we can file a "pre-treatment authorization" with your insurance company prior to treatment. While this delays treatment, and is not a guarantee of coverage, it will give you an exact out-of-pocket figure you may require.

_____ As a courtesy to you, we will bill your insurance company the portion of your balance that we expect them to cover. We do whatever we can to meet the different demands of insurance companies for the procedures we perform, but there are times when they will deny you the benefits you pay for. We frequently must "appeal" denied claims on your behalf. Please know that we are working hard for you! Despite our best efforts, there are times when insurance benefits are completely denied. After we have exhausted all efforts to collect benefits for you, we will let you know and send you a final statement. *Ultimately, you are responsible for all charges incurred in our office.*

_____ Occasionally, insurance benefits will be paid several months after treatment was provided, and a remaining balance will exist on your account. You may be surprised to receive a statement showing money due for a procedure completed months ago! We apologize if this happens to you, and we will be happy to go through the details of your statement so there is no confusion.

_____ Your appointment time is reserved especially for you. We encourage all patients to keep their appointments. **If you must change your appointment, we require at least 24 hours' notice to avoid a \$50/hour cancellation fee.** Habitual appointment breaking will lead to dismissal from the practice. Emergency situations are considered on a case by case basis.

I agree with the above conditions. I understand all charges incurred in this office are my responsibility regardless of insurance coverage.

Print Name: _____ Date: _____

Patient/Parent Signature: _____

