

# Office Policy

Please read and sign at the end of the form to acknowledge that you were informed of Posh Dental's office policies. Please let us know if you have any questions about our office policies. Thank You.

## Financial Policy

Thank you for choosing Posh Dental to serve your dental care needs. We provide high-quality dental care to our patients and are committed to your treatment being successful. Please understand that your financial obligation is considered a part of your treatment. In the interest of good dental care practice, it is desirable to establish a credit policy to avoid any misunderstandings. To assist our patients, we offer the following the following methods for taking care of their account in our office.

- On your first visit, we expect you to supply our office with your insurance information and a government issued photo ID card. While you are a patient at **Posh Dental**, should any changes occur to the information that you provided. It is **YOUR** responsibility to supply our office with the updated / correct information. Our office will not be responsible for claims submitted to insurance companies by which you are no longer covered.
- New patients are required to pay for services in full on their first visit. If the patient is a member of an **HMO/DMO** plan, then the co-payment is due. Patients are required to pay their deductible and co-payments at the end of each visit.
- While we accept most insurance plans and are happy to aid in the submission of your claim, it is your responsibility to read your policy and be aware of all services that are covered **and/or** not covered by your individual plan.
- As a courtesy, we will gladly bill your insurance company when you provide us with your current insurance information and any necessary forms. Often times we are able to contact your insurance provider prior to your appointment and estimate your portion of the bill. We ask that you either pay your portion of the bill at the time of service, or that a suitable written financial agreement be reached at the time of the service. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account until it is paid in full. We cannot accept responsibility for collecting an insurance claim after sixty (60) days or for negotiating a disputed claim. Insurance policies are a contract between you, your employer (If your employer offers insurance benefits) and the insurance carrier. You, or the individual assigned as the "Responsible Party" are ultimately responsible for the payment of your account.
- If no payment is received on an account after two monthly statements, our office will make every effort to contact the "Responsible Party". If the "Responsible Party" cannot be reached, a third bill will be sent indicating that **"This will be the final notice for payment"**. If the party fails to contact our office after receiving such notice, the account will be sent to a collection agency.
- Financial options are available to all patients. Please feel free to ask one of our office personnel.



## *Failed or Cancelled Appointments*

If an appointment has been reserved for you, we kindly ask that patients give us *fourty-eight (48)* hours' notice for cancellations; otherwise, we reserve the right to charge a minimum of \$50.00, which is currently our "Broken Appointment" fee. We will not offer appointments to patients who fail multiple appointments without having given us proper notice.

## *Estimates and Fees*

After x-rays and examination, you are entitled to and should ask for an estimate of fees to cover your treatment. All estimates are based upon conditions viewed at the time of diagnosis: unforeseen circumstances, such as pulpal therapy, or cracked teeth could alter an estimated fee. It is customary to pay for dental services when they are rendered. There is a service charge on all unpaid accounts.

## *Delinquent Accounts*

Delinquent accounts will have to be turned over to a credit reporting collection agency.

## *Notice of Privacy Practices (HIPAA)*

A laminated copy of our office Notice of Privacy Practices (HIPAA) is available in our office. You have the right to read our Notice of Privacy Practices before you decide whether to sign this consent. Our Notice provides a description of our treatment, payment activities and healthcare operations. Of the uses and disclosures, we may make of your protected health information and of other important matters about your protected health information. We encourage you to read it carefully and completely before signing this consent. Upon your request we will be happy to provide you with your own personal copy of our Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

