

# COSMETIC, FAMILY & SPORTS DENTISTRY, PA

## BENEFITS and APPOINTMENTS POLICIES

### INSURANCE BENEFITS

A dental benefit plan assists you with the costs of your dental care. Generally, a dental benefit plan (insurance) is a contract between your employer or plan sponsor and a third party carrier (insurance company). These contracts vary widely so it is very important for you as the recipient of these dental benefits to become familiar with the coverage and limitations of the policy. Your insurance company requires that proper verification of benefits be provided to our office which can include your plan's enrollment card, current photo ID or driver's license, and valid Social Security number in order to process claims on your behalf.

There are many ways in which dental benefit plans are created and how reimbursement levels are determined. Your plan is designed as a cost-sharing vehicle and will very likely not cover the total cost of treatment. Many plans cover between 30 and 80 percent of dental services with the balance of the unpaid fees being your responsibility. In cases where it is determined that a particular dental procedure is either a partially or non-covered benefit as per your policy, our staff will ask for payment toward your care in advance of your appointment. A 1.5% finance charge (18% annually) will be added to any balance over 60 days. In the event of default, the patient or financially responsible party will pay all legal interest on the indebtedness, together with associated collection costs and attorney fees as may be required to effect collection of the balance owed.

### MISSED APPOINTMENT AND CANCELLATION POLICY

Our office respectfully requests if you find it necessary to cancel your scheduled appointment that you do so 24 hours in advance. Receiving cancellation information in advance allows us to schedule and serve other patients. Without a 24 hour advance notice of any appointment change or reschedule, we reserve the right to charge a fee based on the length of time of the appointment. This fee is not covered by insurance carriers, and will be your sole responsibility to pay prior to your next visit. We reserve the right to dismiss patients from our practice after two missed appointments in a twelve month period.

**By signing below, I acknowledge that I have read and understand the above policies:**

\_\_\_\_\_

Date: \_\_\_\_\_