

# **RENÉE L WEICHEL DMD PC**

## *Office Policies and Financial Agreement*

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Our goal is to provide the highest quality dental care possible. Our primary responsibility is to help our patients experience good dental health, and we want you to feel welcome and as comfortable as possible throughout our relationship. This includes understanding our office policies as well as our financial agreement.

### **Appointments**

In order to be able to provide quality care when you need it, we kindly request 48 hours notice in advance of any appointment that you are unable to keep. A charge may be added to your account for missed appointments or for cancellations made with less than 48 hours notice at the rate of \$50 per hour. A continuous history of missed or short notice cancellations may lead to dismissal from the practice.

### **Payment**

All accounts are due and payable at the time of your visit, unless prior arrangements have been made with our office. Payment options include: cash, check, credit card (American Express, Discover, Visa and MasterCard), and Care Credit. On accounts with established arrangements, payment is due upon receipt of the monthly statement. Interest will accrue on unpaid balances after 90 days at the rate of 18 percent annually. Accounts which become delinquent may be subject to collection activity. Non-sufficient funds (NSF) or returned checks will be subject to a \$35.00 fee.

### **Insurance**

Insurance reimbursement is a contract between you and your dental insurance. You are responsible for payment of your account within the usual limits of our credit policy.

As a courtesy to our insured patients, our office will submit claims to your insurance company on your behalf. In order to do this, we need your insurance card and/or insurance policy information updated each benefit year. Our office does not submit medical claims. Dental benefit plans vary, and some procedures may not be covered. The doctor diagnoses treatment based on your dental health, not your insurance coverage. Insurance companies base payments on restricted fee schedules related to premium payments and geographical location. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. We recommend that you study and understand the details of your policy. The required payment of deductibles and co-payments is strictly regulated by State law. If these are not collected, both our office and you as the policy beneficiary can be prosecuted. Our office will assist you in maximizing and estimating your benefits, but we cannot accept responsibility for collecting from insurance or negotiating a disputed claim.

*I have read and accept the terms outlined above. I hereby authorize payment directly to the dental office of the insurance benefits otherwise payable to me. I understand that I am ultimately responsible for all costs of dental treatment. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account(s), I will pay all such costs and fees, including collection costs, attorney fees, and all court costs. I grant the right to the dentist to release any dental / medical histories and other information about my dental treatment to third party payers. (A signed copy of this document will be provided upon request).*

Patient/Guarantor Print Name: \_\_\_\_\_

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