Rio Rancho

Smiles Down Low

# OFFICE POLICIES

**Welcome to our practice and thank you for choosing us as your dental care providers. We are committed to your treatment being successful. All patients must complete and sign our information/new patient form prior to any treatment. We ask that you please read the following office policies to familiarize yourself with our office. After reading, please sign below. Thank You**.

## FULL PAYMENT IS DUE AT THE TIME OF SERVICE

Estimates for major dental care are available. A monthly financial fee of 18% is applied to balances not paid by the 1st of the following month after treatment. If account is in default and turned over for collection, you acknowledge that you will be responsible for all reasonable costs associated with effecting collection. There will be a $35.00 handling fee, in addition to any bank charges for any returned checks. All major credit cards are accepted and a in-office financing is available.

## REGARDING INSURANCE

We must emphasize that as dental care providers, our relationship is with you and not your insurance company. Your insurance policy is a contract between you and your insurance company. Although we are happy to assist you with your insurance claims, we are not a party to that contract. In the event we do accept assignment of benefits, we require that you pay the deductible (or provide proof that you have done so) and pay the estimated portion of your bill at the time of service. We often accept assignment of insurance benefits, however the balance is your responsibility whether your insurance company pays or not. We are unable to bill your insurance company unless you give us your complete insurance information.

We allow 60 days for your insurance company to pay. In the event your insurance has not paid within a 60-day period, the bill will then be turned over to you and you will be responsible to pay within the next 30 days. At that time we also resubmit to your insurance company for the last time. A simple call to your insurance company for you will greatly facilitate the payment. Remember, payment for your dental bill is always your responsibility. We allow your insurance company 60 days to pay as a service to you. All percentages and deductibles are due in full at the time of treatment.

Remember, what we collect from you at the time of visit is only an estimate. After receiving your insurance payment, we will bill or credit your account the difference.

## USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usually and customary for our area. You are responsible for payments regardless of any insurance company's arbitrary, out-dated determination of usual and customary rates.

## APPOINTMENTS AND SCHEDULING

Please remember that once you make an appointment, the doctor's time, treatment room, and support personnel have been reserved specifically for YOU. When we set aside this reserved appointment time for you we will consider it as time you have committed. If you feel that you require a reminder phone call, please request this from our staff. **Unless cancelled or rescheduled at least 24 hours in advance for appointments less than one hour our policy is to charge $60.** When patients fail to arrive for the appointments they scheduled, that time is lost which could have been used to treat other people in need. Please help us serve you better by keeping the appointments you schedule.
Your time is valuable to us. We try to stay on schedule and most of the time we do. We ask that you help us to do this by arriving at least 5 minutes prior to your appointment. In order to keep the office operating on time it may be necessary to reschedule your appointment if you are more than 15 minutes late. Despite our best intent, treatment emergencies do, on occasion, arise in our schedule causing unavoidable delays. We will apprise you of any such circumstance at the earliest possible opportunity to avoid any inconvenience for you.
**A deposit is required for scheduling appointments one hour or longer. Due to the length of these appointments we require a 48 hour cancellation notice or you will be charged $60 per appointed hour.**

## MINOR PATIENTS

The parent, adult, or guardian accompanying the child during the child's appointment, is responsible for full payment. For an unaccompanied minor, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card, payment by case or check at the time of service. The person listed as head of household is responsible for any unpaid balance.

**THANK YOU FOR READING AND SIGNING OUR POLICIES. PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS**

**I HAVE READ THE POLICIES AND I UNDERSTAND AND AGREE TO THEM**

| NAME (PLEASE PRINT) | SIGNATURE OF PATIENT OR RESPONSIBLE PARTY | DATE |
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