

BELLMORE FAMILY DENTAL

Bellmore Family Dental Office Policies & Signature On File Form

Thank you for selecting Bellmore Family Dental as your personal dental team. To promote a long-term mutually satisfying relationship, we would like to explain our office policies regarding insurance, missed appointments, lab required services, treatment and payment. PLEASE read and ask any questions before treatment is rendered. Submission to treatment implies your consent to terms of this agreement.

***Insurance:** We accept most insurance plans as full or partial payment. If you do not fully understand your coverage, be sure to inquire about any out-of-pocket expenses prior to treatment. Any estimated fees given by our office are considered guidelines. Your insurance company will make the final decision when your claim is processed and at that time your account may reflect changes accordingly.

- I understand and agree that all insurance deductibles and any incurred expenses not covered by the insurance carrier must be paid for at the time of services.
- I understand that my insurance is an agreement between my insurance and me. I understand that I am responsible for the payment of any and all charges incurred as a result of this or any subsequent office visit(s). I also understand and agree to accept responsibility for payment of any and all claims should my insurance carrier deny all or part of a claim.
- I authorize Bellmore Family Dental to act as my agent in helping me obtain payment from my insurance company.
- I authorize use of this form on ALL my insurance submissions.
- I permit a copy of this authorization to be used in place of the original.

***Missed Appointments:** When you schedule an appointment we put aside a specific amount of time for you with that provider. If you are unable to attend your scheduled appointment we require a minimum of 24 hrs. notice. When the required notice is not given, a fee of \$25 per appointment. scheduled will be charged to your account. (Insurance does not pay for broken appointments.)

***Treatment:** Services that require lab work specifically fitted to your mouth (such as crowns, bridges, dentures, etc). are time sensitive. Being in a temporary appliance beyond what is advised by the doctor may result in additional treatment being needed (e.g., extraction, root canal, removal of recurrent decay.) I give permission for my dentist and his/her clinical team to take any necessary x-rays, photos, or study models to enable complete diagnosis and treatment.

***Payment:** All out-of-pocket expenses are due at the time services are rendered. We accept cash, all major credit cards and personal checks for established patients. Interest free financing is also available for all qualified individuals. We offer other payment options for extensive dental work. Arrangements for alternate payment methods can be discussed prior to receiving services.

***Late Payment:** I further understand that an interest, rebilling, collection charge and/or attorney fee will be added to any overdue balance.

I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS STATED ABOVE.

Signature of Patient or Parent (if patient is a minor) *

Date