

OFFICE POLICIES

Zero Balance Office: We **DO NOT** bill patients – only insurance companies. Payment is due at the time of treatment. We accept cash, check, and major credit cards. We also have no interest and low interest payment plans through Care Credit. Please ask for information.

Recall Visit: X-rays are taken as deemed necessary by your dentist. Some insurance plans have frequency limits on the number of x-rays permitted in a given time period.

Work: Recommended dental treatment may include white (composite) fillings, silver (amalgam) fillings, and/or bondings. Please check with your insurance company prior to your visit to see what procedures are covered and whether you will have a co-pay and/or deductible the day the services are rendered. We develop a treatment plan to provide the **BEST** care – it is not based on what is covered by your insurance company.

Emergencies: True emergencies involve pain, swelling, or bleeding. We do our best to accommodate true emergencies.

Failed Appointment Policy: We have a strict policy in place. You must call us 24 hours in advance if you cannot make your appointment. Appointments are considered failed if you do not come to the office for your appointment, are more than ten minutes late for the appointment, or do not call the office to cancel the appointment. If you fail an appointment, a \$50.00 charge will be incurred. Anyone who misses 3 appointments may be dismissed from the practice.

Predeterminations: These are only **estimates**. Your insurance company will not provide us with a guarantee of payment. Actual benefits are determined when the services are completed and submitted for payment. The amount payable may be different or reduced to zero depending on patient eligibility, plan and frequency limitations, maximums and deductibles, coordination of benefits with other dental coverage, and/or modification of plan benefits due to change in employer coverage.

By signing this form, you acknowledge that you received this form and adhere to the office policies of the Bresler-Richmond Dental Associates.

Signature of Patient or Guardian if a Minor

Date