

# Standard of Care for patients of Dentistry at the Park

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Your dental health is important to us and that is why we strive to provide you with the best standard of care possible. At each regular cleaning by our hygienists, radiographs may need to be taken to show any underlying problem with your teeth and gums, such as cavities, tumors, cysts or periodontal disease. An examination will be performed by Dr. Leech and will advise you of any concerns. Any concerns found that we cannot provide treatment for in our office may require a referral to a specialist. If you are given a referral, we highly suggest that you schedule an appointment as soon as possible to ensure good dental health. In some cases, if the advice given to you is not followed, we may have to limit our services to you as your dental provider.

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We will file insurance as a courtesy for our patients, however your insurance policy is a contract between you and your insurance company, we are not a party to that contract. Regardless of insurance status, you are ultimately responsible for the balance of your account for any professional services rendered. We cannot guarantee what insurance will cover on dental procedures, we estimate to the best of our knowledge. We require payment in full at the time of service for patients without insurance and require all copayments to be paid at the time of service unless other arrangements have been made in advance.

## **Method of payment today:**

Insurance  Cash  Check  Credit Card (MasterCard, Visa, American Express)

Financing by  Care Credit  Dentistry at the Park in house plan

Balances not paid by insurance must be paid within 30 days from the time of service unless other arrangements have been made. Returned checks, payment plans and balances older than 30 days will be subject to interest charges of 1.5% per month and if applicable, additional collection fees. **A fee of \$50.00 will be charged for all broken appointments not canceled with advanced notice of 48 hours.** Overdue accounts will be sent to a collection agency which can adversely affect a person's credit rating.

I understand and agree to the financial policy of Dentistry at the Park.

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

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## **Optional**

By law, insurance companies must pay claims within 30 days. Sometimes they don't pay what we have estimated and in that case, you are responsible for the difference. To facilitate this for you, we can keep your credit card number confidentially on file and charge any amounts insurance did not pay or any amounts outstanding over 30 days. If you would like us to do this for you please fill out all the information below and sign.

Name of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature code: \_\_\_\_\_

I authorize Dentistry at the Park to bill the credit card listed above for any balance that your insurance company does not pay or any amount outstanding on my account 30 days or more.

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